

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002549

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: LOCKE SOVRAN II L.L.C.

**Current Principal Place of Business:**

6467 MAIN ST.  
WILLIAMSVILLE, NY 142215890

**New Principal Place of Business:**

**Current Mailing Address:**

6467 MAIN ST.  
WILLIAMSVILLE, NY 142215890

**New Mailing Address:**

FEI Number: 16-1613816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LOCKE PREFERRED EQUI, TY R ,LLC  
Address: 435 LAWRENCE BELL DR SUITE 10  
City-St-Zip: WILLIAMSVILLA, NY 14221

Title: MGRM ( ) Delete  
Name: GOUPAN ACQUISTION LP,  
Address: 6407 MAIN ST  
City-St-Zip: BUFFALO, NY 14221

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOCKE PREFERRED EQUI, TY ,LLC  
Address: 435 LAWRENCE BELL DR SUITE 10  
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: MGRM (X) Change ( ) Addition  
Name: SOVRAN ACQUISTION LP,  
Address: 6407 MAIN ST  
City-St-Zip: BUFFALO, NY 14221

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID ROGERS

CFO

01/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date