

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002549

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

FILED
Mar 14, 2005
Secretary of State

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 ,LLC
Address: 435 LAWRENCE BELL DR SUITE 10
City-St-Zip: WILLIAMSVILLE, NY 14221

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 L. ROGERS

VP

03/14/2005

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