

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 9:11

DOCUMENT # M02000002441

1. Entity Name
SOVEREIGN SECURITIES CORPORATION, LLC



Principal Place of Business
1500 MARKET STREET, CONOURSE LEVEL
PHILADELPHIA, PA 19102

Mailing Address
1500 MARKET STREET, CONOURSE LEVEL
PHILADELPHIA, PA 19102

[Handwritten signature]



02252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-3069627

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRY, JOHN J III
2 NORTH TAMiami TRAIL
ONE SARASOTA TOWER, SUITE 300
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CALLA, JAMES J
STREET ADDRESS	1500 MARKET STREET, CONOURSE LEVEL
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	MGRM
NAME	BASS, WILLIAM M
STREET ADDRESS	1500 MARKET STREET, CONOURSE LEVEL
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Handwritten signature]* ADRIENNE Y. HART
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

25 Feb 2005 267.256.2844
Date Daytime Phone #