

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90108 003 ****50.00

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01052005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M04000004414 1. Entity Name SOVEREIGN HEALTHCARE II, LLC					
Principal Place of Business 5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212 ATLANTA, GA 30328			Mailing Address 5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212 ATLANTA, GA 30328		
2. Principal Place of Business Suite, # _____		3. Mailing Address _____			
City & State 101 Sunnyside Road, Suite 201 Casselberry, Florida 32707		4. FEI Number 20-2128599			
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 NORTH MERIDIAN ROAD, LOWER LEVEL TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRYSTOPOWICZ, WILLIAM 5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212 ATLANTA, GA 30328	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Sunnyside Road, Suite 201 Casselberry, Florida 32707			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGER, DARREL 5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212 ATLANTA, GA 30328	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Sunnyside Road, Suite 201 Casselberry, Florida 32707			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOTERMANN, JOHN 5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212 ATLANTA, GA 30328	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Sunnyside Road, Suite 201 Casselberry, Florida 32707			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 101 Sunnyside Road, Suite 201 Casselberry, Florida 32707			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Darrel Hager</i></u> 1/24/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					