


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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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			3. Mailing Address		
Suite, #					
City & State			101 Sunnyside Road, Suite 201 Casselberry, Florida 32707		
Zip		Country		4. FEI Number 20-2128599	
				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired		<input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 NORTH MERIDIAN ROAD, LOWER LEVEL TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRYSTOPOWICZ, WILLIAM			NAME	
STREET ADDRESS	5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212			STREET ADDRESS	101 Sunnyside Road, Suite 201
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP	Casselberry, Florida 32707
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, DARREL			NAME	
STREET ADDRESS	5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212			STREET ADDRESS	101 Sunnyside Road, Suite 201
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP	Casselberry, Florida 32707
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTERMANN, JOHN			NAME	
STREET ADDRESS	5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212			STREET ADDRESS	101 Sunnyside Road, Suite 201
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP	Casselberry, Florida 32707
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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>Samuel Z. Hager</u>				Date: <u>1/24/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>	