

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003690

FILED
Jul 24, 2006
Secretary of State

Entity Name: SOUNDBUSINESS OF FLORIDA, LLC

Current Principal Place of Business:

C/O CT CORPORATION
CORPORATION TRUST CENTER, 1209 ORANGE ST
WILMINGTON, DE 19801

New Principal Place of Business:

Current Mailing Address:

C/O CT CORPORATION
CORPORATION TRUST CENTER, 1209 ORANGE ST
WILMINGTON, DE 19801

New Mailing Address:

FEI Number: 20-4226037 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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/MANAGERS:

Title: MGRM () Delete
Name: SOUNDCOM OF FLORIDA, LLC
Address: 1000 NORTH DIXIE HIGHWAY, SUITE A
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: CEO () Change (X) Addition
Name: CAVALLI, RICHARD
Address: 1000 NORTH DIXIE HIGHWAY, SUITE A
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Change (X) Addition
Name: THOMAS, BRITT
Address: 1000 NORTH DIXIE HIGHWAY, SUITE A
City-St-Zip: WEST PALM BEACH, FL 33401

Title: CFO () Change (X) Addition
Name: OWEN, BONNIE
Address: 1000 NORTH DIXIE HIGHWAY, SUITE A
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Change (X) Addition
Name: MELNICK, MARC
Address: 1000 NORTH DIXIE HIGHWAY, SUITE A
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BONNIE OWEN

CFO

07/24/2006

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