

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017894 1. Entity Name SOLERA INVESTMENTS LLC	
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Principal Place of Business 452 HARBOR DR KEY BISCAYNE, FL 33149	Mailing Address 1205 SW 37 AVE, THIRD FLOOR MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1173454	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ALVAREZ, CLAUDIO R 452 HARBOR DR KEY BISCAYNE, FL 33149	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

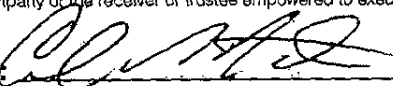
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, CRISTINA R 452 HARBOR DR KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, NICOLAS R 452 HARBOR DR KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, CLAUDIO R 452 HARBOR DR KEY BISCAYNE, FL 33149
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05/11/05-80022-011 50.00

**DO NOT WRITE
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  **4/29/05 (305) 448-8255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #