


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90120 006 \*\*\*\*50.00

|   |  |                                 |  |   |  |
|---|--|---------------------------------|--|---|--|
| <b>DOCUMENT # L04000004756</b>  |  |                                 |  |                |  |
| 1. Entity Name<br><b>SOLORIDER, LLC</b>   |  |                                 |  |   |  |
| Principal Place of Business<br><b>3401 SOUTH BEACH DRIVE<br/>TAMPA, FL 33629</b>  |  |                                 | Mailing Address<br><b>3401 SOUTH BEACH DRIVE<br/>TAMPA, FL 33629</b> |   |  |
| 2. Principal Place of Business  |  |                                 | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |  |                                 | Suite, Apt. #, etc.  |   |  |
| City & State  |  |                                 | City & State   |   |  |
| Zip   | Country  | Zip                             | Country  | 4. FEI Number<br><b>20-0616863</b>  |  |
|   |  |                                 |  | Applied For<br>Not Applicable   |  |
|   |  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |  |                                 | 7. Name and Address of New Registered Agent                          |   |  |
| <b>BERKMAN, MONROE E<br/>3401 SOUTH BEACH DRIVE<br/>TAMPA, FL 33629</b>   |  |                                 | Name   |   |  |
|   |  |                                 | Street Address (P.O. Box Number is Not Acceptable)                   |   |  |
|   |  |                                 | City   |   |  |
|   |  |                                 | <b>FL</b>  |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PRESIDENT<br/>MONROE E. BERKMAN<br/>3401 S. BEACH DR.<br/>TAMPA, FL 33629</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>VICE PRESIDENT<br/>SUZETTE M. BERKMAN<br/>3401 S. BEACH DR.<br/>TAMPA, FL 33629</b>          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>SECRETARY<br/>PAUL NUSSBAUM<br/>3401 S. BEACH DR.<br/>TAMPA, FL 33629</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |   | <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>Monroe E. Berkman</u> <b>MONROE E. BERKMAN</b> 4/26/05 (P/E) 835-6290   |  |                                 |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  |  |                                 |  |   |  |