

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000004756

1. Entity Name
SOLORIDER, LLC



Principal Place of Business
3401 SOUTH BEACH DRIVE
TAMPA, FL 33629

Mailing Address
3401 SOUTH BEACH DRIVE
TAMPA, FL 33629



02162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0616863

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERKMAN, MONROE E
3401 SOUTH BEACH DRIVE
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

L00000472609
03/29/06-80043-008 100.00

8. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	BERKMAN, MONROE E
STREET ADDRESS	3401 S BEACH DR
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VP
NAME	BERKMAN, SUZETTE M
STREET ADDRESS	3481 S BEACH DR
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	S
NAME	NUSSBAUM, PAUL
STREET ADDRESS	3401 S BEACH DR
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Monroe E. Berkman Monroe E. BERKMAN 2/28/06 (813) 835-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #