


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000004756</b> 1. Entity Name <b>SOLORIDER, LLC</b>	
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Principal Place of Business <b>3401 SOUTH BEACH DRIVE TAMPA, FL 33629</b>	Mailing Address <b>3401 SOUTH BEACH DRIVE TAMPA, FL 33629</b>
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**DO NOT WRITE IN THIS SPACE**



01082007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0616863</b>	Applied For 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**

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

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IN THIS SPACE**

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, 2007**

U00000585277  
01/16/07-80004-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BERKMAN, MONROE E 3401 S BEACH DR TAMPA, FL 33629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BERKMAN, SUZETTE M 3481 S BEACH DR TAMPA, FL 33629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NUSSBAUM, PAUL 3401 S BEACH DR TAMPA, FL 33629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 1/9/07 (813)835-6390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #