


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000012608
 1. Entity Name
SOLO RIDER MANAGEMENT, LLC



Principal Place of Business 3401 S BEACH DR TAMPA, FL 33629	Mailing Address 3401 S BEACH DR TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-LLC CRZE083 (11/05)

4. FEI Number 20-0736722	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

5. Name and Address of Current Registered Agent
 BERKMAN, MONROE E
 3401 S BEACH DR
 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000472610
 03/29/06-80043-008 100.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERKMAN, MONROE E 3401 S BEACH DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERKMAN, SUZETTE M 3401 S BEACH DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRETEKIN, ROGER 7315 S REVERE PKWY DENVER, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURBIN, TOM 7315 S REVERE PKWY DENVER, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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-C 370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #