

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000012608

1. Entity Name
SOLORIDER MANAGEMENT, LLC



Principal Place of Business
**3401 S BEACH DR
TAMPA, FL 33629**

Mailing Address
**3401 S BEACH DR
TAMPA, FL 33629**



01082007 No Cng-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number 20-0736722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERKMAN, MONROE E
3401 S BEACH DR
TAMPA, FL 33629**

**DO NOT WRITE
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 _____

Signature (Type or printed name of registered agent and fill applicable)

(NOTE: Registered Agent Signature Required when Installing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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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01/31/07-80025-024 50.00

**DO NOT WRITE
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 808, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

President 1/15/07 803858-0505