

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056860

FILED
May 04, 2004
Secretary of State

Entity Name: SOLUTIONS 4, L.L.C.

Current Principal Place of Business:

6574 NORTH STATE ROAD 7, #119
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6574 NORTH STATE ROAD 7, #119
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 11-3672194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JACQUELINE N
6574 NORTH STATE ROAD 7, #119
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MILLER, JACQUELINE N CEO
Address: 10751 FOX GLEN DRIVE
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGRM () Change (X) Addition
Name: NIEVES STELLA, YOLANDA
Address: 6409 MALLARDS LANE
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGRM () Change (X) Addition
Name: HALLING, SUSAN
Address: 206 DOGWOOD COURT
City-St-Zip: PETALUMA, CA 94952 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JACQUELINE N. MILLER

MGR

05/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date