
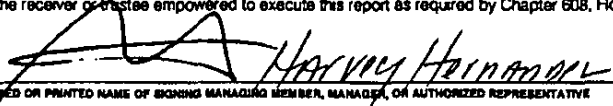


## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

|   |                                 |                                 |   |  |  |
|---|---------------------------------|---------------------------------|---|--|--|
| DOCUMENT # L04000012434   |                                 |                                 |   |         |  |
| 1. Entity Name<br><b>SOLARIS HOLDINGS, LLC</b>  |                                 |                                 |   |  |  |
| Principal Place of Business<br>4535 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33146   |                                 |                                 | Mailing Address<br>4535 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33146 |  |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address              |   |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.             |   |  |  |
| City & State  |                                 | City & State                    |   | 4. FEI Number<br><b>20-0787263</b>   |  |
| Zip   |                                 | Country                         |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                                 |                                 | 7. Name and Address of New Registered Agent                           |  |  |
| PADRON, CARLOS E<br>VILA, PADRON & DIAZ, P.A.<br>2 ALHAMBRA PLAZA, STE 860<br>CORAL GABLES, FL 33134  |                                 |                                 | Name  |  |  |
|   |                                 |                                 | Street Address (P.O. Box Number is Not Acceptable)                    |  |  |
|   |                                 |                                 | City  |  |  |
|   |                                 |                                 | <b>FL</b>   |  | Zip Code   |
| 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 _____   |                                 |                                 |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |                                 |                                 | Make check payable to<br>Florida Department of State                  |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 |                                 |   | 10. ADDITIONS/CHANGES  |  |
| TITLE   | NAME                            | STREET ADDRESS                  | CITY-ST-ZIP   | TITLE  | NAME   |
|   | <input type="checkbox"/> Delete | <b>MGR<br/>Harvey Hernandez</b> | <input type="checkbox"/> Delete                                       |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|   |                                 | <b>4535 Ponce de Leon Blvd.</b> |   |  |  |
|   |                                 | <b>Coral Gables - Fl. 33146</b> |   |  |  |
|   |                                 |                                 |   |  |  |
|   |                                 |                                 |   |  |  |
|   |                                 |                                 |   |  |  |
|   |                                 |                                 |   |  |  |
|   |                                 |                                 |   |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   |                                 |                                 | Date: <b>4/21/05</b>  |  | Daytime Phone #: <b>305 740 0819</b>   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 |                                 |   |  |  |

FILED

2005 MAY 18 P 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03032005 Chg-LLC CR2E083 (10/03)