


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L04000012434<br>1. Entity Name<br>SOLARIS HOLDINGS, LLC |  |
|--|---|

|   |   |
|---|---|
| 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 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02282007 No Chg-LLC      CR2E083 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-0787263                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>PADRON, CARLOS E<br>VILA, PADRON & DIAZ, P.A.<br>2 ALHAMBRA PLAZA, STE 860<br>CORAL GABLES, FL 33134 |
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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 restateing)      DATE \_\_\_\_\_

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

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HERNANDEZ, HARVEY<br>4535 PONCE DE LEON BLVD<br>CORAL GABLES, FL 33146 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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05/08/07-80033-009 50.00

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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:  \_\_\_\_\_

Date: 4-20-07      Daytime Phone #: (305) 740-0819

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