


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90104 041 ****50.00

| | |
|--|---|
| DOCUMENT # L00000013653 |  |
| 1. Entity Name SOLID STEPS, L.L.C. | |

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|--|--|
| Principal Place of Business P.O. BOX 915649 LONGWOOD, FL 32791 | Mailing Address P.O. BOX 915649 LONGWOOD, FL 32791 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 1610 Steeple Court | 3. Mailing Address 1610 Steeple Court |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-----------------------------------|-----------------------------------|
| City & State Trinity FL | City & State Trinity FL |
| Zip 34655 | Country |

07012006 Chg-LLC CR2E083 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 59-3680139 | 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 | |
| GASSMAN, ALAN S ESQ 1245 COURT ST SUITE 102 CLEARWATER, FL 33756 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | 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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR REIFSTECK, GLEN L P.O. BOX 915649 LONGWOOD, FL 327915649 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

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

6/29/2006 **321 228 4169**

Date

Daytime Phone #