

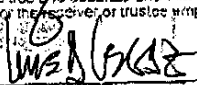
FROM :

FAX NO. :

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90003 017 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L01000000258					
1. Entity Name SOLARIUM, L.L.C.					
Principal Place of Business 4711 N2 72ND AVE. MIAMI, FL 33166			Mailing Address 4711 N2 72ND AVE. MIAMI, FL 33166		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FBI Number 65-1067712	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PERELMAN, ISAAC J 210 174TH STREET #1709 SUNNY ISLES, FL 33160			7. Name and Address of New Registered Agent Name LUIS LEGAR Street Address (P.O. Box Number is Not Acceptable) 8635 NW 68 ST MIAMI 33166 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 _____ DATE _____ Signature typed or printed name of registered agent and filer applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS (DELETE IF NONE)					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
MGR	TOL, GABRIEL A	ACUNA DE FIGUEROA 581	MALCONADO, URUGUAY.		
MGR	DEL ORRIO, VICTOR	ACUNA DE FIGUEROA 581	MALCONADO, URUGUAY.		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: _____					

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