

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90020 044 ****50.00

DOCUMENT # L01000016176					
1. Entity Name SOLTUDLER, LLC					
Principal Place of Business 116 SAN MARCO AVE SAINT AUGUSTINE, FL 32084			Mailing Address 12847 W OTTER LAKE CT JACKSONVILLE, FL 32246		
2. Principal Place of Business 888 Franklin St. Suite, Apt. #, etc. Managers' office		3. Mailing Address P.O. Box 40892 Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL 32203		05022006 Chg-LLC CR2E083 (11/05)	
Zip 32206		Country USA		4. FEI Number 59-3745057	
City & State Jacksonville, FL		City & State Jacksonville, FL 32203		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLTANI, ARVIN 12847 W. OTTER LK CT JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name: SOLTANI, ARVIN Street Address (P.O. Box Number is Not Acceptable): 114 North 18th Ave. Suite B City: Jacksonville Beach FL Zip Code: 32250		
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 MGR NAME UDLER, IZABELLA STREET ADDRESS 12847 W OTTER LAKE CT CITY-ST-ZIP JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete		TITLE Manager NAME UDLER, IZABELLA STREET ADDRESS 114 North 18th Ave, Suite B CITY-ST-ZIP Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME SOLTANI, ARVIN STREET ADDRESS 12847 W. OTTER LK. CT. CITY-ST-ZIP JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete		TITLE Manager NAME SOLTANI, ARVIN STREET ADDRESS 114 North 18th Ave. Suite B CITY-ST-ZIP Jacksonville Beach, FL 32250	<input checked="" 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	
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	
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:			Date: 5-1-06 Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					