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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-27-2005 90014 013 ****50.00

DOCUMENT # L02000034338

1. Entity Name
EL SOLAR LLC

20065659

Principal Place of Business	Mailing Address
20500 SW 152AVE MIAMI, FL 33187	7900 ALTAMIRA AVENUE CORAL GABLES, FL 33143

07122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
20500 SW 152 AVE	2000 NORTH BAYSHORE DR,
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1510
City & State: Miami FL	City & State: MIAMI, FL 33137
Zip: 33187 Country: USA	Zip: 33137 Country: USA

4. FEI Number: 02-0660553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BORENSTEIN, AARON 7900 ALTAMIRA AVENUE CORAL GABLES, FL 33143	Name: AARON BORENSTEIN Street Address (P.O. Box Number is Not Acceptable): 2000 NORTH BAYSHORE DR. APT. 1510 City: MIAMI FL Zip Code: 33137

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: AARON BORENSTEIN (Signature, typed or printed name of registered agent and title if applicable.) X Marion Borenstein (NOTE: Registered Agent signature required when reinstating) POA MARION Borenstein Date: X 7/23/05

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BORENSTEIN, AARON 7900 ALTAMIRA AVE MIAMI, FL 33143	☒ Delete	P AARON BORENSTEIN 2000 NORTH BAYSHORE DR. APT 1510 MIAMI, FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BORENSTEIN, MARION 7900 ALTAMIRA AVE MIAMI, FL 33143	☒ Delete	S MARION BORENSTEIN 2000 NORTH BAYSHORE DR APT 1510 MIAMI, FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.

SIGNATURE: X Marion Borenstein 7/23/05 X3055729000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #