


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000011782</b> 1. Entity Name SOLARTE-CAMI'S, LLC	
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Principal Place of Business 4401 VINELAND ROAD STE. A16 ORLANDO, FL 32811	Mailing Address 4401 VINELAND ROAD STE. A16 ORLANDO, FL 32811
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**DO NOT WRITE IN THIS SPACE**



03312005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 41-2089221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  FERNGREN, ROBERT 4401 VINELAND ROAD STE. A16 ORLANDO, FL 32811
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

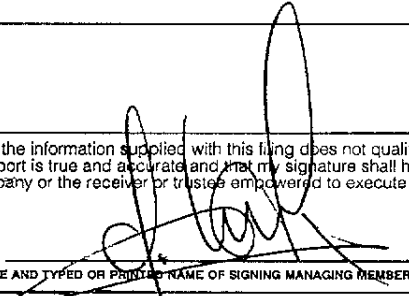
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGMR FERNGREN, ROBERT 4401 VINELAND ROAD STE. A16 ORLANDO, FL 32811
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1100000344300  
04/29/05-80131-010 50.00

**DO NOT WRITE  
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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 608, Florida Statutes.

**SIGNATURE:**  **4-27-05** **407-879-2001 x 208**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #