## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000029953

1. Entity Name TOLARIS, LLC



Principal Place of Business

Mailing Address

1597 REDWOOD GROVE TERRACE LAKE MARY, FL 32746 US 1597 REDWOOD GROVE TERRACE LAKE MARY, FL 32746 US FILED Jan 24, 2007 08:00 AM Secretary of State



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01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1122460

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BAVEC, RICHARD D 1597 REDWOOD GROVE TERRACE LAKE MARY, FL 32746

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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 little it applicable.

(NOTE: Registored Agent signature required when reinstating)

DATE

## Filing Fee is \$50.00 Due by May 1, 2007

| 9.   | MANAGING MEMBERS/MANAGERS  |
|--|--|
| TITLE. NAME STREET ADDRESS GITY-ST-ZIP         | MGR BAVEC, RICHARD D 1597 REDWOOD GROVE TERRACE LAKE MARY, FL 32746          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>GREEN, THOMAS E<br>180 ARCEHRS POINT<br>LONGWOOD, FL 32779            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST+ZIP | MGR<br>BAVEC, SHERRIE L<br>1597 REDWOOD GROVE TERRACE<br>LAKE MARY, FL 32746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>GREEN, ELIZABETH<br>180 ARCHERS POINT<br>LONGWOOD, FL 32779           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| TITLE<br>NAME<br>STREET ADDRESS                |  |

U00000601743 01/26/07-80062-009 50.00

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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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-7IP

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

1-11-07

407-322-5253

Daytime Phone #