2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/23/2004-90069-017-$50.00-$50.00

2004 NOV 29 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000046746

1. Entity Name
SOLPHISHERS, LLC

Principal Place of Business	Mailing Address
13109 S.W. COUNTY ROAD 346 ARCHER, FL 32618	P.O. BOX 1234 ARCHER, FL 32618

07012004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
13109 SW CR 346		115 SE 16th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. H-106	
City & State: Archer FL		City & State: Gainesville FL	
Zip: 32618	Country: Alachua	Zip: 32601	Country: Alachua

4. FEI Number: 02-0698238 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAUNCE, CHRISTOPHER A
13109 S.W. COUNTY ROAD 346
ARCHER, FL 32618

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Chris Faunce		NAME		
STREET ADDRESS	115 SE 16th Ave H-106		STREET ADDRESS		
CITY-ST-ZIP	Gainesville, FL 32601		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 9/1/04 352 359 4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #