2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State
02-07-2005 90284 045 ***150.00

30002082

1st MOORE CR2E083 (10/04)

DOCUMENT # L03000047416

1. Entity Name
53 SOLANA ROAD, LLC

Principal Place of Business	Mailing Address
229 MARGARET STREET NEPTUNE BEACH FL 32266 US	229 MARGARET STREET NEPTUNE BEACH FL 32266 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2503830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEARING, MARK C
2215 SOUTH THIRD STREET
#101
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name: JO MCCRORY
Street Address (P.O. Box Number is Not Acceptable): 229 MARGARET ST
City: NEPTUNE BEACH FL Zip Code: 32266

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: Jo McCRORY [signature] 3.10.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARRIGAN, MICHAEL		NAME		
STREET ADDRESS	114 MARGARET STREET		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCRORY, JEFFREY J		NAME		
STREET ADDRESS	114 MARGARET STREET		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		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
NAME			NAME		
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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] JEFFREY McCRORY 2.1.05 MGRM 904.246.0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #