# 2007 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

## DOCUMENT # L04000004756

1. Entity Name
SOLORIDER, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 3401 SOUTH BEACH DRIVE<br>TAMPA, FL 33629 | 3401 SOUTH BEACH DRIVE<br>TAMPA, FL 33629 |

**DO NOT WRITE IN THIS SPACE**

01082007No Chg-LLC        CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 20-0616863 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

BERKMAN, MONROE E
3401 SOUTH BEACH DRIVE
TAMPA, FL 33629

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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, 2007**

U00000585277
01/16/07-80004-021  50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | P |
| NAME | BERKMAN, MONROE E |
| STREET ADDRESS | 3401 S BEACH DR |
| CITY-ST-ZIP | TAMPA, FL 33629 |
| TITLE | VP |
| NAME | BERKMAN, SUZETTE M |
| STREET ADDRESS | 3481 S BEACH DR |
| CITY-ST-ZIP | TAMPA, FL 33629 |
| TITLE | S |
| NAME | NUSSBAUM, PAUL |
| STREET ADDRESS | 3401 S BEACH DR |
| CITY-ST-ZIP | TAMPA, FL 33629 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _Monru E. Berkman_ MONROE E. BERKman  1/9/07  (813)835-6390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #