

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90060 035 *****55.00

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01052006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000010655					
1. Entity Name REDWING SOLAR LLC					
Principal Place of Business 41 ROSE STREET MERRITT ISLAND, FL 32953 US			Mailing Address 41 ROSE STREET MERRITT ISLAND, FL 32953 US		
2. Principal Place of Business 38 Rose st Suite, Apt. #, etc.		3. Mailing Address 38 Rose st Suite, Apt. #, etc.			
City & State MI FL		City & State MI FL		4. FEI Number 20-0724112	
Zip 32953	Country USA	Zip 32953	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCBRAYER, JOHN 2850 STATE ROAD 520 COCOA, FL 32926			7. Name and Address of New Registered Agent Name John McBrayer Street Address (P.O. Box Number is Not Acceptable) 5660 N BANANA RIVER City COCOA BEACH 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 <u>John A McBrayer</u> DATE <u>1-11-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (MFR-2: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBRAYER, JOHN 2850 STATE ROAD 520 COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARHAM, BRYAN 131 CEDAR AVENUE COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>John A McBrayer PRES</u> <u>John A McBrayer</u> <u>1-11-06</u> <u>631 8898</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					