

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90052 041 \*\*\*150.00

**DOCUMENT # L04000015741**

1. Entity Name  
**SOLBROOK PARTNERS, LLC**



Principal Place of Business  
**PO BOX 366127  
BONTIA SPRINGS, FL 34136**

Mailing Address  
**PO BOX 366127  
BONTIA SPRINGS, FL 34136**

**20000607**



2. Principal Place of Business  
**4061 Bonita Beach Road**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 203**

Suite, Apt. #, etc.

01052005 Chg-LLC CR2E083 (10/03)

City & State  
**Bonita Springs, FL**

City & State

4. FEI Number  
**11-3714533**

Applied For  
Not Applicable

Zip  
**34134**

Country  
**US**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARLICK, THOMAS B ESQ.  
5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108**

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

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DEERBROOK, INC.  
P.O. BOX 366127  
BONITA SPRINGS, FL 341366127**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**JOHN M. GORDING / PRESIDENT / DEERBROOK INC.**

**01/05/05 (239) 498-4500**

Date

Daytime Phone #