2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AN
Secretary of State

DOCUMENT # L0400020239 1. Entity Name SOLARIS FLORIDA, LLC		Secretary of Stat
Principal Place of Business Mailing Address 9230 INDEPENDENCE WY FORT MYERS, FL 33913 FORT MYERS, FL 33913		=
DO NOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent	CE	O3012007 No Chg-LLC CR2E083 (11/05) FEL Number Applied For Not Applicable Certificate of Status Desired S5.00 Additional Fee Required
KAPLOVITZ, MARC 9230 INDEPENDENCE WY FORT MYERS, FL 33913		DO NOT WRITE IN THIS SPACE
the obligations of registered agent	a Kaplori	agent, or both, in the State of Florida. I am familiar with, and accept 3/17-/07 n reinstating) OATE
Filing Fee is \$50.00 Due by May 1, 2007		
9. MÄNAGING MEMBERS/MANAGERS TITLE MGRM KAPLOVITZ, MARC STREET ADDRESS 9230 INDEPENDENCE WY FORT MYERS, FL 33913 TITLE MGRM NAME RAM, ZAMI		J00000670335
STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33913 TITLE NAME STREET ADDRESS CITY-ST-ZIP		U3/21/07-80107-018 50.00 DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		IN THIS SPACE
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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 it made under oath, that I am a managing member or manager of the limited liability company or the receiver trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED PRENTED NAME OF SIGNING MANAGING MEMSER, OR AUTHORIZED REPRESENTATIVE Dayline Process		