2008 LIMITED LIABILITY COMPANY

FILED 2008 08:00 A ry of State

Applied For Not Applicable Additional

ANNUAL REPORT				Apr 21, 2008 08	
1. Entity Nar		0239			Secretary of
SOLARIS	S FLORIDA, LLC				
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Principal Pla	ce of Business	Mailing Address			
	PENDENCE WY S, FL 33913	9230 INDEPENDENCE WY Fort Myers, FL 33913			
Apper production	in the first state of the state		east or long to the		
				04012008 No Chg-LLC	CR2E083 (12/07)
	O NOT WRITE	E IN THIS SPA	CE	4. FEI Number	Applied For
A Charle (Pro				20-0878405	Not Applicabl
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		Joseph John J. Margarat	night than st.
9230 INDI	TZ, MARC EPENDENCE WY 'ERS, FL 33913	C.		DO NOT WI	支援 えんが にこう むつしょぎん ごごうてこ
8. The above the obliga	e named entity submits this statement fo tions of registered agent	or the purpose of changing its register	ed office or register	ed agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE, Registere	d Ageni signalure required	when reinstating)	DATE
FILI After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.79	5		U00000 05/07/08-	913019 80103-013 138.75
9.	MANAGING MEMBE	ERS/MANAGERS		The state of the s	The state of the s
TITLE NAME	MGRM KAPLOVITZ, MARC				
STREET ADDRESS	9230 INDEPENDENCE WY				
CITY-ST-ZIP	FORT MYERS, FL 33913				W. MANGER
TITLE	MGRM				
NAME STREET ADDRESS	RAM, ZAMI 9230 INDEPENDENCE WY				
CITY-ST-ZIP	FORT MYERS, FL 33913				
TITLE					
NAME STREET ADDRESS					Victoria di Afrika Marija di

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP

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216-401-272 Davtime Phone #