

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031185

FILED
Apr 28, 2005
Secretary of State

Entity Name: SOLARIUM CENTER INTERNATIONAL, LLC

Current Principal Place of Business:

1136 SOUTH DIXIE HWY
CORAL GABLES, FL 33146

New Principal Place of Business:

9036 NW 45 CT
SUNRISE, FL 33351

Current Mailing Address:

1136 SOUTH DIXIE HWY
CORAL GABLES, FL 33146

New Mailing Address:

9036 NW
SUNRISE, FL 33351

FEI Number: 25-1575128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIEBER, BERNARDO
1136 SOUTH DIXIE HWY
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

FRANCO, ALEJANDRO
9036 NW 45 CT
SUNRISE, FL 33351 US

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.

SIGNATURE: ALEJANDRO FRANCO

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RIEBER, BERNARDO
Address: 1136 SOUTH DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRANCO, ALEJANDRO
Address: 9036 NW 45 CT
City-St-Zip: SUNRISE, FL 33351

Title: MGRM () Change (X) Addition
Name: GORONDONA, ADRIANA
Address: 2753 SOUTH OAKLAND FOREST DR 103
City-St-Zip: OAKLAND PARK, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALEJANDRO FRANCO

MGRM

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date