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Apr 22, 2005 8:00 am
Secretary of State
03-02-2005 90017 009 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039853

1. Entity Name
SOLMS AND ASSOCIATES, LLC

30004327

Principal Place of Business	Mailing Address
6701 SUNSET DRIVE, SUITE 104 MIAMI, FL 33143	6701 SUNSET DRIVE, SUITE 104 MIAMI, FL 33143

01122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
9100 S. DADELAND BLVD		9100 S. DADELAND BLVD	
Suite, Apt. #, etc. SUITE 1602		Suite, Apt. #, etc. SUITE 1602	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33156	Country USA	Zip 33156	Country USA

4. FEI Number 20-1239899 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLMS, WILLIAM O JR.
6701 SUNSET DRIVE, SUITE 104
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name SOLMS, WILLIAM O., JR.
Street Address (P.O. Box Number is Not Acceptable) 9100 S. DADELAND BLVD, SUITE 1602
City MIAMI FL Zip Code 33156

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] 4/19/05
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	MANAGING MEMBER WILLIAM O. SOLMS, JR 9100 S. DADELAND BLVD, SUITE 1602 MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 2/23/05 305-670-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #