2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042164

Entity Name: SOLAR SOLUTIONZ, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
6048 SAND KEY LANE WESLEY CHAPEL, FL 33544	16911 ROLLING ROCK DRIVE TAMPA, FL 33618
Current Mailing Address:	**New Mailing Address:**
6048 SAND KEY LANE WESLEY CHAPEL, FL 33544	16911 ROLLING ROCK DRIVE TAMPA, FL 33618

FEI Number: FEI Number Applied For ( )   FEI Number Not Applicable (X)   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GORE, GARY 6048 SAND KEY LANE WESLEY CHAPEL, FL 33544 US	GORE, GARY 16911 ROLLING ROCK DRIVE TAMPA, FL 33618 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: GARY GORE   03/09/2005
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	GORE, GARY		Name:	GORE, GARY
Address:	6048 SAND KEY LANE		Address:	16911 ROLLING ROCK DRIVE
City-St-Zip:	WESLEY CHAPEL, FL 33544		City-St-Zip:	TAMPA, FL 33618
Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	GORE, ELIZABETH		Name:	GORE, ELIZABETH
Address:	6048 SAND KEY LANE		Address:	16911 ROLLING ROCK DRIVE
City-St-Zip:	WESLEY CHAPEL, FL 33544		City-St-Zip:	TAMPA, FL 33618

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: ELIZABETH GORE   MGRM   03/09/2005
            Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date