



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000068893 1. Entity Name SOLAR SHIELD OF INDIAN RIVER LLC	
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Principal Place of Business POB 1168 ROSELAND, FL 32958	Mailing Address POB 1168 ROSELAND, FL 32958
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1722457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KRUMM, ARLAND D 15030- 106 ARBOR LAKES DRIVE WEST N FT MEYERS, FL 33917	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

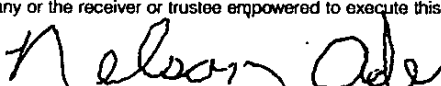
**Filing Fee Is \$50.00
Due by May 1, 2007**

U00000737767
05/11/07-80040-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADE, NELSON H POB 1168 ROSELAND, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUMM, ARNOLD D 15030-106 ARBOR LAKES DRIVE W N FT MEYERS, FL 33917
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **4-23-07 772-664-3105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #