

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072847

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** WINDSOR CAPITAL SOLARIS LLC

**Current Principal Place of Business:**

ATTN: ROLAND DIGASBARRO  
1441 BRICKELL AVENUE, SUITE 1001  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: ROLAND DIGASBARRO  
1441 BRICKELL AVENUE, SUITE 1001  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

DIGASBARRO, ROLAND MGR  
1441 BRICKELL AVE SUITE 1001  
MIAMI, FL 33131 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: ROLAND DIGASBARRO

09/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DIGASBARRO, ROLAND  
Address: 1441 BRICKELL AVE., SUITE 1001  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROLAND DIGASBARRO

MGR

09/07/2005

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