



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 014 ****50.00

DOCUMENT # L05000018117					
1. Entity Name SOLARIS 2302, LLC					
Principal Place of Business 10556 N.W. 26 STREET, SUITE D-101 DORAL, FL 33172			Mailing Address 10556 N.W. 26 STREET, SUITE D-101 DORAL, FL 33172		
2. Principal Place of Business 10544 NW 26 St. Suite, Apt. #, etc. E-202		3. Mailing Address 10544 NW 26 St. Suite, Apt. #, etc. E-202			
City & State Doral, FL		City & State Doral, FL		06092006 Chg-LLC CR2E083 (11/05)	
Zip 33172		Country U.S.A.		4. FEI Number 20-2378138	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CABANAS, JOSEPH F CABANAS & ASSOCIATES, P.A. 10520 N.W. 26 STREET, SUITE C-209 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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					
Filing Fee Is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCATTOLINI, MAURO 10556 N.W. 26 STREET, SUITE D-101 DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scattolini, Mauro 10544 NW 26 St. - E-202 Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINA-SCATTOLINI, CONSTANZA 10556 N.W. 26 STREET, SUITE D-101 DORAL, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCATTOLINI, ELDA 10556 N.W. 26 STREET, SUITE D-101 DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scattolini, Elda 10544 NW 26 St. - E-202 Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORES, JAIME 10556 N.W. 26 STREET, SUITE D-101 DORAL, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE PROFETA, TERESA DAMIANO 10556 N.W. 26 STREET, SUITE D-101 DORAL, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			08/03/08 (305) 5941098		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		
MAURO SCATTOLINI					