

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018117

Entity Name: SOLARIS 2302, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

10544 NW 26TH ST. E-202
DORAL, FL 33172

New Principal Place of Business:

10544 NW 26TH ST.
E-202
DORAL, FL 33172

Current Mailing Address:

10544 NW 26TH ST. E-202
DORAL, FL 33172

New Mailing Address:

10544 NW 26TH ST.
E-202
DORAL, FL 33172

FEI Number: 20-2378138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS, JOSEPH F
CABANAS & ASSOCIATES, P.A.
10520 N.W. 26 STREET, SUITE C-201
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCATTOLINI, MAURO
Address: 10544 NW 26TH ST. E-202
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: SCATTOLINI, ELDA
Address: 10544 NW 26TH ST. E-202
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCATTOLINI, MAURO
Address: 10544 NW 26TH ST. E-202
City-St-Zip: DORAL, FL 33172

Title: MGR (X) Change () Addition
Name: SCATTOLINI, DANIA
Address: 10544 NW 26TH ST. E-202
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MAURO SCATTOLINI

MGR

04/27/2007

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