2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000018629

1. Entity Name **SOLARIS 904 LLC**



FILED Mar 19, 2007 08:00 AN Secretary of State

Principal Place of Business

18033 SW 29TH LANE MIRAMAR, FL 33029

Mailing Address

18033 SW 29TH LANE MIRAMAR, FL 33029



DO NOT WRITE IN THIS SPACE

03152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1245401 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, DEBORA

DO NOT WRITE

18033 SVV 291H LANE MIRAMAR, FL 33029		IN THIS SPACE			
8. The above the obligat	anamed entity submits this statement for the purpose of char fions of registered agent.	t Ingling its registere	d office or registered agent, or be	oth, in the State of Florida. I an	n familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE, Registered	Agent signature required when reinstating)	DATE	-
F) D	iling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGOSTI, ANTONIO 18033 SW 29TH LANE MIRAMAR, FL 33029				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEATRIZ FRIKE, MARIA 18033 SW 29TH LANE MIRAMAR, FL 33029	-	· · · · · · · · · · · · · · · · · · ·	U000 <mark>0067</mark> 7 03/27/07-800)060)96-022 50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE