

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90178 021 \*\*\*\*50.00

**DOCUMENT # L05000029920**

1. Entity Name  
**SOLID, LLC**



Principal Place of Business Mailing Address

101 TIMBERLACHEN CIRCLE PO BOX 952259  
 SUITE 202 LAKE MARY, FL 32795  
 LAKE MARY, FL 32746

2. Principal Place of Business - No P.O. Box #  
**22144 SE46**

3. Mailing Address  
**22144 SE46**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
*Champion Group of Companies* *Champion Group of Companies*

City & State City & State  
**Sorrento FL** **Sorrento FL**

Zip Country Zip Country  
**32776** **US** **32776** **US**

40111000



01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For  
**20-2561754**  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TREE FROG, LLC**  
 101 TIMBERLACHEN CIRCLE  
 SUITE 202  
 LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name **Florida Territorial Land Company**

Street Address (P.O. Box Number is Not Acceptable)  
**101 Timberlachen Cir Suite 202**

City **LAKE MARY** State **FL** Zip Code **32795**

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 **Benjamin L. Champion, President** DATE **4-30-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREE FROG, LLC PO BOX 952259 LAKE MARY, FL 32795	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Florida Territorial Land Company 22144 SE46 Sorrento FL 32776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **Benjamin L. Champion** DATE **4-30-07** DAYTIME PHONE # **407 330-2120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE