


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

<b>DOCUMENT # L05000029920</b> 1. Entity Name <b>SOLID, LLC</b>					
Principal Place of Business 101 TIMBERLACHEN CIRCLE SUITE 202 LAKE MARY, FL 32746			Mailing Address PO BOX 952259 LAKE MARY, FL 32795		
2. Principal Place of Business - No P.O. Box # <b>22144 SE 46</b> Suite, Apt. #, etc. <i>Champion Group of Companies</i> City & State <b>Sorrento FL</b> Zip <b>32776</b>		3. Mailing Address <b>22144 SE 46</b> Suite, Apt. #, etc. <i>Champion Group of Companies</i> City & State <b>Sorrento FL</b> Zip <b>32776</b>			
4. FEI Number <b>20-2561754</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>TREE FROG, LLC</b> 101 TIMBERLACHEN CIRCLE SUITE 202 LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name <b>Florida Territorial Land Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 Timberlachen Cir Suite 202</b> City <b>LAKE MARY</b> State <b>FL</b> Zip Code <b>32795</b>		
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 <i>Benjamin L. Champion, President</i> DATE <b>4-30-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>TREE FROG, LLC</b> <b>PO BOX 952259</b> <b>LAKE MARY, FL 32795</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Florida Territorial Land Company</b> <b>22144 SE 46</b> <b>Sorrento FL 32776</b> <input type="checkbox"/> Change <input checked="" 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	
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	
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	
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	
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: <i>Benjamin L. Champion</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4-30-07</b>		Daytime Phone # <b>407 330-2120</b>