

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044561

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: SOLMARE, LLC

**Current Principal Place of Business:**

1086 CAPTAINS WAY  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

1086 CAPTAINS WAY  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 59-3482013      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WHIPPLE, LISA  
210 S. PINELLAS AVE. STE. 220  
TARPON SPRINGS, FL 34689      US

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: MCDONALD, PAULA  
Address: 1086 CAPTAINS WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM ( ) Delete  
Name: KROHN, JULIE  
Address: 1086 CAPTAINS WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM ( ) Delete  
Name: CORBITT, CATHERINE B  
Address: 102 LOWER HOPEWELL RD.  
City-St-Zip: OXFORD, PA 19363

Title: MGRM ( ) Delete  
Name: DONAHUE, MARYANN  
Address: 102 LOWER HOPEWELL RD.  
City-St-Zip: OXFORD, PA 19363

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULA MCDONALD

MS.

07/05/2006

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