

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055958

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: SOLOMON ENTERPRISES, LLC

## Current Principal Place of Business:

P.O. BOX 3319  
SARASOTA, FL 34230

## New Principal Place of Business:

413 PANAREA DRIVE  
PUNTA GORDA, FL 33950

## Current Mailing Address:

P.O. BOX 3319  
SARASOTA, FL 34230

## New Mailing Address:

413 PANAREA DRIVE  
PUNTA GORDA, FL 33950

FEI Number: 20-2988653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SOLOMON, LOUIS  
413 PANAREA DRIVE  
PUNTA GORDA, FL 33950 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: MGR ( ) Delete  
Name: SOLOMON, LOUIS  
Address: P.O. BOX 3319  
City-St-Zip: SARASOTA, FL 34230

Title: MGR ( ) Delete  
Name: SOLOMON, YVONNE  
Address: P.O. BOX 3319  
City-St-Zip: SARASOTA, FL 34230

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SOLOMON, LOUIS  
Address: 413 PANAREA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR (X) Change ( ) Addition  
Name: SOLOMON, YVONNE  
Address: 413 PANAREA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

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: YVONNE SOLOMON

MGR

03/21/2006

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