

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060248

Entity Name: DEL SOLAR, L.L.C.

FILED  
Jun 13, 2006  
Secretary of State

**Current Principal Place of Business:**

435 HIGH POINT BOULEVARD, UNIT B  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

435 HIGH POINT BOULEVARD, UNIT B  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

SERFATY, CHARLES S ESQ.  
4340 SHERIDAN STREET, SECOND FLOOR  
HOLLYWOOD, FL 33021 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: MGR ( ) Delete  
Name: DESIROSIERS, RENA  
Address: 435 HIGH POINT BOULEVARD, UNIT B  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR ( ) Delete  
Name: DESMARAIS, JACINTHE  
Address: 435 HIGH POINT BOULEVARD, UNIT B  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES:**

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: RENA DESROSIERS

MGR

06/13/2006

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