

# 20 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 FEB 20 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02132008 Chg-LLC CR2E083 (12/06)

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L05000079675</b><br>1. Entity Name<br>SOLARSTONE, LLC  |   |  |   |   |  |
| Principal Place of Business<br>1070 SW COLEMAN AVENUE<br>PORT ST LUCIE, FL 34953   |   |  | Mailing Address<br>1070 SW COLEMAN AVENUE<br>PORT ST LUCIE, FL 34953  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State                               |   |   |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br>20-3435460   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br>LUO, WEIWEI<br>7320 SW 82ND ST<br>#B204<br>MIAMI, FL 33143  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| 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.  |   |  | FL Zip Code   |   |  |
| SIGNATURE <u>Weiwei Luo</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  | DATE <u>2/13/08</u>   |   |  |
| Amended AR is \$50.00  |   |  | Make check payable to<br>Florida Department of State  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>LI, ZHAO<br>7320 SW 82ND ST APT#B204<br>MIAMI, FL 33143            | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>200118966002<br>02/28/08--01004--022 **50.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MO, HAILONG<br>7320 SW 82nd St #B204<br>Miami, FL 33143         | <input checked="" type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CEO<br>O'CONNOR, BERNARD<br>1070 SW Coleman<br>Port St. Lucie, FL 34953 | <input checked="" type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            |   | <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: <u>Weiwei Luo</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | DATE <u>2/13/08</u><br><small>Date Daytime Phone #</small>  |   |  |