2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

Zip Country	DOCUMENT # L05000100999 1. Entity Name SOLARIS ASSOCIATES, L.L.C.					Secretary of State			
331 S.W. 12TH STREET MIAMI, FL 33144 MIAMI	Principal Plac	ce of Business	Mailing Address			7			
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Country	City & State		City & State			J			Applied For
8. Name and Address of Current Registered Agent MARQUEZ, MARIA C 7331 S.W. 12TH STREET MIAMI, FL 33144 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 active obligations of registered agent and title obligations of registered agent. FILING TOTAL Registered Agent aphrature required agent agent and title applicable. FILING TOTAL Registered Agent aphrature required when remitable) DATE FILING TOTAL Registered Agent aphrature required when remitable) DATE FILING TOTAL Registered Agent aphrature required when remitable) DATE FILING TOTAL Registered Agent aphrature required when remitable) DATE FILING TOTAL Registered Agent aphrature required when remitable) DATE FILING TOTAL Registered Agent aphrature required when remitable) DATE FILING TOTAL REGISTER	Zip	Country	Zip Country		ntry	†		□ \$5.00 A	dditiona!
MARQUEZ, MARIA C 7331 S.W. 12TH STREET MIAMI, FL 33144 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent. SIGNATURE Signature Signa		6 Name and Address of Current I	Penistered Agent		· · · · · · · · · · · · · · · · · · ·	<u> </u>		Fee Requi	red
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ITIE MARROUEZ, MARIA C MARC MARCUEZ, MARIA C STREET ADDRESS CITY-ST-2P MIAMI, FL 33144 CITY-ST-2P TITLE MAKE CITY-ST-2P MIAMI, FL 33144 CITY-ST-2P MIAMI, FL 33144 CITY-ST-2P CI		o. Hame and Address of Culffell (Jahrenian wägus		Name	r. r.ams an	u Muuress Cr NeW i	vegistered Agant	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and actine obligations of registered agent. SIGNATURE Signature, speed or prived name of registered agent and talle of applicable (NOTE, Registered Agent agreature required when reinstaints) DATE	7331 S.W. 12TH STREET				Street Address	(P.O. Box Number is Not Acceptable)			
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Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS TITLE MGRM MARQUEZ, MARIA C STREET ADDRESS CITY-ST-2P MIAMI, FL 33144 DONIS, MARISOL STREET ADDRESS CITY-ST-2P MIAMI, FL 33144 TITLE MGRM DONIS, MARISOL STREET ADDRESS CITY-ST-2P MIAMI, FL 33144 TITLE MGRM DONIS, MARISOL STREET ADDRESS CITY-ST-2P MIAMI, FL 33144 TITLE MGRM DONIS, MARISOL STREET ADDRESS CITY-ST-2P MIAMI, FL 33144 TITLE MGRM DONIS, MARISOL STREET ADDRESS CITY-ST-2P MIAMI, FL 33144 TITLE MGRM DONIS, MARISOL STREET ADDRESS CITY-ST-2P MIAMI, FL 33144 TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDR	8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing it	s register	ed office or registe	red agent, or b	oth, in the State of Flo	orida. I am familiar wit	n, and accept
STREET ADDRESS CITY-ST-ZIP	SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NO	TE. Registere	d Agent signature recurred	d when reinstating)		DATE	
Due by May 1, 2007							,		- ,
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CITY-ST-ZIP 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									