2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L05000118161

Entity Name: SOLEIL 460, LLC

Current Principal Place of Business:

460 SOUTH OCEAN DRIVE
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

460 SOUTH OCEAN DRIVE
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACKNER, EDMUND K
460 SOUTH OCEAN DRIVE
DEERFIELD BEACH, FL 33441 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: MGRM ( ) Delete
Name: LACKNER, EDMUND K
Address: 460 SOUTH OCEAN DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM ( ) Delete
Name: ZAPPIN, DONNA M
Address: 460 SOUTH OCEAN DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGR ( ) Delete
Name: LACKNER, DREW M
Address: 777 SOUTH FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: LACKNER, DREW M
Address: 1194 HILLSBORO MILE #54
City-St-Zip: HILLSBORO BEACH, FL 33062

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: EDMUND K. LACKNER MGRM 04/23/2007

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