

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026941

FILED
Mar 22, 2007
Secretary of State

Entity Name: SOLAR ENERGY PLUS LLC

Current Principal Place of Business:

105 NORTH BAY STREET, SUITE D
BUNNELL, FL 32110

New Principal Place of Business:

101 NORTH BAY ST.
BUNNELL, FL 32110

Current Mailing Address:

P.O. BOX 1658
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 20-4665874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGE DOMKE, TIMOTHY
80 SURFVIEW DRIVE #421
PALM COAST, FL 32137 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: GEORGE DOMKE, TIMOTHY
Address: 80 SURFVIEW DRIVE #421
City-St-Zip: PALM COAST, FL 32137

Title: MGRM (X) Delete
Name: JAMES DOMKE, TIMOTHY
Address: 80 SURFVIEW DRIVE #421
City-St-Zip: PALM COAST, FL 32137

Title: MGRM (X) Delete
Name: DOMKE, KAY ANN
Address: 80 SURFVIEW DRIVE #421
City-St-Zip: PALM COAST, FL 32137

Title: MGRM (X) Delete
Name: DUTTON, TRACI
Address: 80 SURFVIEW DRIVE #421
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAMES DOMKE, TIMOTHY
Address: 80 SURFVIEW DRIVE #421
City-St-Zip: PALM COAST, FL 32137

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

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: TIMOTHY JAMES DOMKE

MGRM

03/22/2007

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