

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050069

Entity Name: SOLNET FAMILY, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

7832 CORAL LAKE DRIVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

C/O BARBIERI & WEPRIN, PLC
7000 WEST PALMETTO PARK ROAD, SUITE 300
BOCA RATON, FL 33433

New Mailing Address:

C/O TODD WEPRIN
6111 BROKEN SOUND PARKWAY NW, # 200
BOCA RATON, FL 33487

FEI Number: 20-4991457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBIER, FRANK A JR.
7000 WEST PALMETTO PARK ROAD
SUITE 300
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

BARBIER, FRANK A JR.
6111 BROKEN SOUND PARKWAY
SUITE 200
BOCA RATON, FL 33487 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: FRANK A. BARBIERI, JR.

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RITA M. SOLNET, TRUSTEE
Address: 11834 BAYFIELD DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Delete
Name: SUSAN DEITZ & HERBERT DEITZ, CO-TRUSTEES
Address: 7832 CORAL LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

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 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: RITA SOLNET

MGRM

01/15/2009

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