2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# L06000050232

Entity Name: SOLESBEE ENTERPRISES, L.L.C.

Current Principal Place of Business:

7505 THOMAS DRIVE, UNIT 312
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

11208 HUTCHISON BLVD.
PRIVATE MAIL BOX 161
PANAMA CITY BEACH, FL 32407

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:

WALTERS, ELIZABETH J
415 BECKRICH ROAD, STE. 500
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

SOLESBEE, LARRY R CEO
415 BECKRICH ROAD, STE. 500
PANAMA CITY BEACH, FL 32407 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: LARRY R. SOLESBEE 02/21/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SOLESBEE, LARRY R
Address: 11208 HUTCHISON BLVD. PRIVATE MAIL BOX 161
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: MGRM ( ) Delete
Name: SOLESBEE, KAREN O
Address: 11208 HUTCHISON BLVD. PRIVATE MAIL BOX 161
City-St-Zip: PANAMA CITY BEACH, FL 32407

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 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: LARRY R SOLESBEE MGR 02/21/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date