2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000111868

Entity Name: SOLAR BLUE LLC

Current Principal Place of Business:	**New Principal Place of Business:**
7380 WEST SANDLAKE ROAD SUITE 405 ORLANDO, FL 32819	

Current Mailing Address:	**New Mailing Address:**
7380 WEST SANDLAKE ROAD SUITE 405 ORLANDO, FL 32819	

FEI Number: **FEI Number Applied For (X)**   **FEI Number Not Applicable ( )**   **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
STEELE, ZACHARY L 7380 W. SANDLAKE RD SUITE 405 ORLANDO, FL 32819 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: ZACHARY L. STEELE
        Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:	**ADDITIONS/CHANGES:**
Title: MGRM ( ) Delete Name: STEELE, ZACH L Address: 7380 W. SANDLAKE RD City-St-Zip: ORLANDO, FL 32819	Title: MGRM (X) Change ( ) Addition Name: STEELE, ZACH L Address: 7380 W. SANDLAKE RD, SUITE 405 City-St-Zip: ORLANDO, FL 32819
Title: MGRM ( ) Delete Name: MAHER, LEE J Address: 7380 W. SANDLAKE RD City-St-Zip: ORLANDO, FL 32819	Title: MGRM (X) Change ( ) Addition Name: MAHER, LEE J Address: 7380 W. SANDLAKE RD, SUITE 405 City-St-Zip: ORLANDO, FL 32819

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: ZACHARY L> STEELE   MGRM   10/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date