

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000077869

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** SOLOMON FINANCIAL PARTNERS, LLC

**Current Principal Place of Business:**

533 SO. HOWARD, #8  
PMB 38  
TAMPA, FL 33606

**New Principal Place of Business:**

301 W. PLATT STREET  
#375  
TAMPA, FL 33606

**Current Mailing Address:**

533 SO. HOWARD, #8  
PMB 38  
TAMPA, FL 33606

**New Mailing Address:**

301 W. PLATT STREET  
#375  
TAMPA, FL 33606

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RODGERS, BRUCE M  
533 SO. HOWARD, #8  
PMB 38  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

RODGERS, BRUCE M  
301 W. PLATT STREET  
SUITE 375  
TAMPA, FL 33606 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:

04/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: REPCON MANAGEMENT, LTD  
Address: 301 W. PLATT STREET, #375  
City-St-Zip: TAMPA, FL 33606

I hereby 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: REPCON MANAGEMENT, LTD

MGR

04/06/2010

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