

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Sandra B. Mortham	
1998		Secretary of State	
		DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75		Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000048	
SOLAR, L.C. 4420 MERCANTILE AVE NAPLES FL 34104		1a. Principal Place of Business Address 4420 MERCANTILE AVE NAPLES FL 34104	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
3. Date Organized or Qualified		3a. State of Formation	
01/11/1996		FL	
4. FEI Number		☐ Applied For ☐ Not Applicable	
65-0650348			
5. Date of Last Report		6. Certificate of Status Desired	
05/09/1997		\$6.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
KELLY, CHARLES M JR. KELLY, PRICE, ET AL. 2640 GOLDEN GATE PKWY, STE. 315 NAPLES FL 33942 34105		Name Street Address (P.O. Box Number is Not Acceptable) 100002454681-3 Suite, Apt. #, etc. -03/12/98--01006--017 ***188.75 ***188.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	TAISHOFF, LAWRENCE B	4420 MERCANTILE AVE	NAPLES FL 34104
MEM	TRISHOFF, ROBERT P	1321 WASHINGTON DR	ANNAPOLIS MD 21403
	TAISHOFF, ROBERT P		
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>AB Trishoff</i>		3-3-98 941-261-2660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	