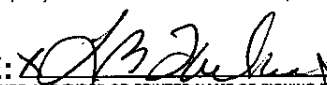


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90098 025 ****50.00

DOCUMENT # L96000000048					
1. Entity Name SOLAR, L.C.					
Principal Place of Business 4420 MERCANTILE AVE NAPLES FL 34104 2664 Airport Rd. S. #11 NAPLES, FL 34112			Mailing Address 4420 MERCANTILE AVE NAPLES FL 34104 2664 Airport Rd. S. #11 NAPLES, FL 34112		
2. Principal Place of Business 2664 Airport Rd S			3. Mailing Address 2664 Airport Rd S.		
Suite, Apt. #, etc. 11			Suite, Apt. #, etc. 11		
City & State			City & State		
Zip 34112	Country	Zip 34112	Country	4. FEI Number 65-0650348	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KELLY, CHARLES M JR. KELLY, PASSIDOMOD ALBA LLP 2640 GOLDEN GATE PKWY STE #305 NAPLES FL 34105-3203			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAISHOFF, LAWRENCE B 4420 MERCANTILE AVE NAPLES FL 34104 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2664 Airport Rd S #11 Naples, FL 34112 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAISHOFF, ROBERT P 309 MARTINS COVE RD ANNAPOLIS MD 21401 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I 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 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.					
SIGNATURE: 			Date: 2/18/04 Daytime Phone #: (239) 261-2666		