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	Mailing Address
~~4420 MERCANTILE AVE~~ ~~NAPLES FL 34104~~ 2664 AIRPORT Rd. S. #11 NAPLES, FL 34112	~~4420 MERCANTILE AVE~~ ~~NAPLES FL 34104~~ 2664 AIRPORT RD. S. #11 NAPLES, FL 34112

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
2664 Airport Rd S	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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~~ 2664 AIRPORT RD. S. ~~NAPLES FL 34104~~ NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2664 Airport Rd S #11 Naples, FL 34112
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
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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: X [signature] 2/6/04 (239) 261-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #