

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90044 004 ****50.00

DOCUMENT # M01000000900

1. Entity Name
SOLEIL LV, LLC



Principal Place of Business
**801 S RAMPART BLVD., STE 200
LAS VEGAS, NV 89145**

Mailing Address
**801 S RAMPART BLVD., STE 200
LAS VEGAS, NV 89145**



03312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
88-0390313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BLAIR, KEVIN
801 S. RAMPART BLVD. STE 200
LAS VEGAS, NV 89145**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KAPLAN, MICHAEL
801 S. RAMPART BLVD., STE 200
LAS VEGAS, NV**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

KEVIN BLAIR

osloren

702-967-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #