

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001082

Entity Name: SOLANTIC, LLC

FILED
Jan 26, 2006
Secretary of State

Current Principal Place of Business:

CORPORATE OFFICE
4309 PABLO OAKS COURT
JACKSONVILLE, FL 32224

Current Mailing Address:

CORPORATE OFFICE - SUITE 1
4309 PABLO OAKS COURT
JACKSONVILLE, FL 32244

New Principal Place of Business:

CORPORATE OFFICE
8711 PERIMETER PARK BLVD, SUITE 6
JACKSONVILLE, FL 32216 US

New Mailing Address:

CORPORATE OFFICE
8711 PERIMETER PARK BLVD, SUITE 6
JACKSONVILLE, FL 32216 US

FEI Number: 59-3723084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWLING, KAREN
4309 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTIN,, FL 33331 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: KAREN BOWLING

01/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWLING, KAREN
Address: 4309 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOWLING, KAREN
Address: 8711 PERIMETER PARK BLVD, SUITE 6
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: KAREN BOWLING

MGRM

01/26/2006

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