


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90030 011 \*\*\*\*50.00

DOCUMENT # M03000002476					
1. Entity Name SOLID SMART LLC					
Principal Place of Business P.O. BOX 14 OZONA, FL 34660			Mailing Address PO BOX 88278 ATLANTA, GA 30356 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 45-0504742 45-0509792	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAJI, FARZAD 68 NORTH CANAL ROAD PALM HARBOR, FL 34684				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAJI, FARZAD		NAME		
STREET ADDRESS	68 NORTH CANAL RD		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONNIER, GARY		NAME	GARY SONNIER	
STREET ADDRESS	1333 WITHAM DRIVE		STREET ADDRESS	1135 MILE POST DR	
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP	ATLANTA, GA 30338	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Gary L Sonnier</u> , GARY L SONNIER, MGR			Date: 2-27-05		Daytime Phone #: 6787870160
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT  
#MC 3000002476

Keep this part for your records.

CP 575 B (Rev. 1-2001)

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

CP 575 B

0533059184

Your Telephone Number Best Time to Call  
( )

DATE OF THIS NOTICE: 04-15-2003  
EMPLOYER IDENTIFICATION NUMBER: 45-0509792  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
PHILADELPHIA PA 19255-0023

SOLID SOFTWARE LLC  
SONNIER GARY L MEMBER  
PO BOX 431  
RARITAN NJ 08869

ATTACHMENT

Solid Smart LLC  
PO Box 88278  
Atlanta, GA 30356

#M03000002476

2008119

February 27, 2005

Florida Division of Corporation  
P.O. Box 6478  
Tallahassee, FL 32314

Dear Sir or Madam:

Please find attached our annual report for 2005. The FEI number that was entered into our account in 2004 when we applied for status as a foreign corporation authorized in Florida was entered incorrectly. The correct FEI is 45-0509792. A copy of the original IRS notification is attached. Please contact me on 678-787-0160 if there are any questions.

Sincerely,



Gary L. Sonnier  
Solid Smart, LLC, Manager