


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90109 002 \*\*\*\*55.00

<b>DOCUMENT # M03000003603</b>	
1. Entity Name <b>FOUR SEASONS SOLAR PRODUCTS LLC</b>	

Principal Place of Business <b>5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741</b>	Mailing Address <b>5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741</b>
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06302005 Chg-LLC CR2E083 (10/03)



4. FEI Number <b>74-3007447</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
<b>BOLIN, STEVE</b> <b>419 ENTERPRISE STREET</b> <b>OCOE, FL 34761</b>		
7. Name and Address of New Registered Agent		
Name <b>Steve Bolin</b> Street Address (P.O. Box Number is Not Acceptable) <b>4608 Millenia Plaza Way</b> City <b>Orlando</b> FL Zip Code <b>32839</b>		

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EWING, DAVID <input checked="" type="checkbox"/> Delete 5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peter Allen 5005 Veterans Memorial Highway Holbrook NY 11741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AITKEN, ROBERT <input checked="" type="checkbox"/> Delete 5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PISIK, MITCH <input type="checkbox"/> Delete 5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGE

OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**CEO, Mitch Pisk 6-30-05 634-563-4000**