


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000003603 1. Entity Name FOUR SEASONS SOLAR PRODUCTS LLC	
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Principal Place of Business 5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741	Mailing Address 5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741
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01122006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3007447	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOLIN, STEVE 4608 MILLENIA PLAZA WAY ORLANDO, FL 32839
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**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 *Steve Bolin, GM* **GM** 4/20/06
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	MGRM ALLEN, PETER 5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PISIK, MITCH 5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741	
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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: *Mitch Pisik* **Mitch Pisik** 4/20/06 631-563-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #