

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000002757

1. Entity Name
SAME SOLUTIONS, LLC



Principal Place of Business
35 BELVER AVE.
NORTH KINGSTOWN, RI 02852

Mailing Address
35 BELVER AVE.
NORTH KINGSTOWN, RI 02852



02082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0491258	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FERREIRA, PAULA B
2810 CYPRESS TRACE CIR.
UNIT 2123
NAPLES, FL 34119

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

1100000451071
 03/10/06-80035-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSE, JAMES V 35 BELVER AVE. NORTH KINGSTOWN, RI 02852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAUBERT, FRANK JR. 35 BELVER AVE. NORTH KINGSTOWN, RI 02852
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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: James V. Rose **JAMES V ROSE** 2/23/06 401-295-48
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #