


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # M07000007000</b> 1. Entity Name LG SOLID SOURCE, LLC	
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**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 8009 W. OLIVE PEORIA, AZ 85345	Mailing Address 8009 W. OLIVE PEORIA, AZ 85345
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07112008No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0797455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LUTHER, DON 4556 SW LA PALOMA DR. PALM CITY, FL 34990	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice:

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAILEY, JERRY L 8009 W. OLIVE PEORIA, AZ 85345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORDEN, MICHEAL 22023 N. 20TH AVE. PHOENIX, AZ 85027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARK, S.B. 920 SYLVAN AVE. ENGLEWOOD CLIFFS, NJ 07632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000956930  
08/04/08-80002-015 138.75

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:** Lisa A. Piccione      7/21/08      623-776-7373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #