

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020381

FILED  
Jul 01, 2008  
Secretary of State

**Entity Name:** EQUITY FINANCE & INVESTMENT CO. LLC

**Current Principal Place of Business:**

23460 COPPERLEAF BLVD.  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

23460 COPPERLEAF BLVD.  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

PO BOX 368136  
BONITA SPRINGS, FL 34136

FEI Number: 32-0025949      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ADAMS, DENNIS  
426 KING GEORGE RD  
WOODBIDGE NJ, FL 07095      US

**Name and Address of New Registered Agent:**

ADAMS, DENNIS  
23460 COPPERLEAF BLVD  
BONITA SPRINGS, FL 34135      US

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.

SIGNATURE: DENNIS ADAMS

07/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ADAMS, DENNIS  
Address: 426 KING GEORGE RD  
City-St-Zip: WOODBRIDGE, NJ 07095

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: ADAMS, DENNIS  
Address: PO BOX 368136  
City-St-Zip: BONITA SPRINGS, FL 34136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENNIS ADAMS

MGRM

07/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date