


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038717 1. Entity Name EQUITY COMMERCIAL FINANCE GROUP LLC	
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FILED

2004 APR 29 PM 12:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 9240 SW 72 STREET 100 MIAMI, FL 33173 US	Mailing Address 2307 DOUGLAS RD STE 400 400 MIAMI, FL 33145 US
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03152004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0723256	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent OVIES, IDA C 2307 DOUGLAS RD 400 MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, SONIA	NAME	400034521384
STREET ADDRESS	9240 SW 72 STREET STE 100	STREET ADDRESS	04/29/04--01007--011 **50.00
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____