


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | |
|--|---|
| DOCUMENT # L03000053618 |  |
| 1. Entity Name EQUITY CONSORTIUM, L.L.C. | |

| | |
|---|---|
| Principal Place of Business 521 EAST TENNESSEE STREET TALLAHASSEE, FL 32308 | Mailing Address 521 EAST TENNESSEE STREET TALLAHASSEE, FL 32308 |
|---|---|

DO NOT WRITE IN THIS SPACE

FILED
Sep 11, 2008 08:00 AM
Secretary of State



07072008No Chg-LLC CR2E083 (12/07)

| | |
|--|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
|--|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**NEIL ST. JOHN RAMBANA, ESQUIRE
RAMBANA & RICCI, P.A.
521 EAST TENNESSEE ST.
TALLAHASSEE, FL 32308**

**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 _____ (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. U00000959491
09/11/08-80002-008 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|---------------------|------------------------------------|
| TITLE MGR | NEIL ST. JOHN RAMBANA, ESQ. |
| NAME | 521 EAST TENNESSEE STREET |
| STREET ADDRESS | TALLAHASSEE, FL 32308 |
| CITY-ST-ZIP | |
| TITLE MGR | RICCI, ELIZABETH M ESQ |
| NAME | 521 EAST TENNESSEE STREET |
| STREET ADDRESS | TALLAHASSEE, FL 32308 |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Neil St. John Rambana* **9.10.2008**

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