2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# L04000058640

Entity Name: EQUINOX ACQUISITIONS, LLC

Current Principal Place of Business:

PO BOX 07392
FORT MYERS, FL 33919 US

New Principal Place of Business:

11613 PLANTATION PRESERVE CIRCLE
FORT MYERS, FL 33912 US

Current Mailing Address:

PO BOX 07392
FORT MYERS, FL 33919 US

New Mailing Address:

11613 PLANTATION PRESERVE CIRCLE
FORT MYERS, FL 33912 US

FEI Number: 20-1505409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROFESSIONAL SERVICES OF S FL IN
13571 MCGREGOR BLVD #22
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WALLEN, MARK A
Address: 11613 PLANTATION PRESERVE CIR S
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR ( ) Delete
Name: SOMMER, SHAWN
Address: PO BOX 07392
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK A WALLEN MGR 03/02/2005

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