

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076908

FILED
Apr 29, 2005
Secretary of State

Entity Name: EQUILATERAL ENTERPRISES LLC

Current Principal Place of Business:

21971 SW 97 COURT
MIAMI, FL 33190 US

New Principal Place of Business:

9781 SW 220 ST
MIAMI, FL 33190 US

Current Mailing Address:

21971 SW 97 COURT
MIAMI, FL 33190 US

New Mailing Address:

9781 SW 220 ST
MIAMI, FL 33190 US

FEI Number: 20-1796946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCFARLANE, SELBOURNE A
9781 SW 220 STREET
MIAMI, FL FL 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: MGRM () Delete
Name: MCFARLANE, SELBOURNE A
Address: 9781 SW 220 STREET
City-St-Zip: MIAMI, FL 33190 US

Title: MGRM () Delete
Name: RAMSAY, GREGORY P
Address: 21971 SW 97 COURT
City-St-Zip: MIAMI, FL 33190 US

Title: MGRM () Delete
Name: FUNG, GLEN A
Address: 14921 SW 150 STREET
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES:

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

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: SELBOURNE MCFARLANE

MGRM

04/29/2005

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