


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/5

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-09-2007 90069 016 ****50.00

DOCUMENT # L06000002725
 1. Entity Name
EQUITY BUILDERS OF FLORIDA, L.L.C.



Principal Place of Business
**1923 SOUTHAMPTON ROAD
 JACKSONVILLE, FL 32207-8777**

Mailing Address
**1923 SOUTHAMPTON ROAD
 JACKSONVILLE, FL 32207-8777**

30001385



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01292007 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
20-4083330


Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**KENNEY, THERESA MARIE
 10110 SAN JOSE BOULEVARD
 JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent
 Name
INDRIOLO, JOSEPH
 Street Address (P.O. Box Number is Not Acceptable)
1923 Southampton Road
 City **Jacksonville** FL Zip Code **32207**

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  DATE **1-29-07**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renouncing.)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INDRIOLO, JOSEPH 1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 322078777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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:  DATE **1-29-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE