

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068978

FILED  
Sep 12, 2008  
Secretary of State

Entity Name: FLORIDA EQUITY PARTNERS, LLC

## Current Principal Place of Business:

2255 GLADES RD  
223 ATRIUM, ONE BOCA PLACE  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

265 SOUTH FEDERAL  
#156  
DEERFIELD BEACH, FL 33441 US

## Current Mailing Address:

2255 GLADES RD  
223 ATRIUM, ONE BOCA PLACE  
BOCA RATON, FL 33431 US

## New Mailing Address:

265 SOUTH FEDERAL  
156  
DEERFIELD BEACH, FL 33441 US

FEI Number: 20-5223572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, CJ  
2255 GLADES RD  
223 ATRIUM, ONE BOCA PLACE  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

WILSON, CJ  
265 SOUTH FEDERAL  
#156  
DEERFIELD BEACH, FL 33441 US

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: CJ WILSON

09/12/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WILSON, CJ  
Address: 2255 GLADES RD, 223 ATRIUM, ONE BOCA PLACE  
City-St-Zip: BOCA RATON, FL 33431 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WILSON, CJ  
Address: 265 SOUTH FEDERAL, #156  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CJ WILSON

MGR

09/12/2008

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