


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90047 007 ****50.00

DOCUMENT # L06000090820 1. Entity Name EQUILATERAL CONSTRUCTION, LLC		
Principal Place of Business 16446 NE 27TH PLACE NORTH MIAMI BEACH, FL 33160		Mailing Address 16446 NE 27TH PLACE NORTH MIAMI BEACH, FL 33160
2. Principal Place of Business - No P.O. Box # 6558 W. SAMPLE RD Suite, Apt. #, etc.		3. Mailing Address 6558 W. SAMPLE RD Suite, Apt. #, etc.
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL
Zip 33067	Country USA	4. FEI Number 20-5538780
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent SALINI, ALBERTO G 16446 NE 27TH PLACE NORTH MIAMI BEACH, FL 33160		7. Name and Address of New Registered Agent Name SALINI, ALBERTO G. Street Address (P.O. Box Number is Not Acceptable) 6558 W. SAMPLE RD City CORAL SPRINGS FL Zip Code 33067
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 <u>ALBERTO SALINI</u> <i>[Signature]</i> 08-02-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALINI, ALBERTO G 16446 NE 27TH PLACE NORTH MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>ALBERTO SALINI</u> <i>[Signature]</i>		Date 08-02-07 / Daytime Phone # 786-78-0824

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\$5.00 Additional Fee Required