


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 05/13/99 11:50 AM
 PORT ST. LUCIE, FL

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company EQUITY REAL ESTATE SERVICES, L.C. 1162 SW AIROSO BLVD. PORT ST. LUCIE FL 34983	DOCUMENT # L98000001052
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1a. Principal Place of Business Address 1162 SW AIROSO BLVD. PORT ST. LUCIE FL 34983
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2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
07/13/1998	FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>


7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
KOHL, DEAN N 50 SE KINDRED ST., SUITE 107 STUART FL 34990	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc
	City

8. Name and Address of New Registered Agent/Office	Zip Code
	FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SEBASTIANO, JOAN	9882 SANTA MONICA DRIVE	PALM CITY FL

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 ****188.75 ****188.75


11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Joan Sebastiano 4/30/99 561-222-1494