

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001169

FILED
Jan 13, 2005
Secretary of State

Entity Name: EQUIGEN, L.C.

Current Principal Place of Business:

15515 S.W. 170TH STREET
ARCHER, FL 326184627 US

New Principal Place of Business:

Current Mailing Address:

15515 S.W. 170TH STREET
ARCHER, FL 326184627 US

New Mailing Address:

FEI Number: 59-3524281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEISENBURG, VASILIKI K
8701 SW 152ND AVENUE
ARCHER, FL 326184466 US

Name and Address of New Registered Agent:

MEISENBURG, VASILIKI K
103 E. PARK STREET
ARCHER, FL 32618 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:

01/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GREAVES, HEATHER E
Address: 7227 SW 22ND PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: MEISENBURG, VASILIKI K
Address: 8701 S.W. 152ND AVE
City-St-Zip: ARCHER, FL 326184466

Title: MGR () Delete
Name: GREAVES, JOHN P
Address: 15742 MIDDLETOWN PARK
City-St-Zip: REDDING, CA 96001 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: HEATHER E. GREAVES

MGR

01/13/2005

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