

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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00 MAY -3 PM 12: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000016

1. Entity Name  
EQUITY MANAGERS, L.L.C.

Principal Place of Business  
6745 WOODBRIDGE DRIVE  
BOCA RATON FL 33434

Mailing Address  
6745 WOODBRIDGE DRIVE  
BOCA RATON FL 33434-4271



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0634918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DERN, ALVIN  
6745 WOODBRIDGE DRIVE  
BOCA RATON FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM DERN, ALVIN  Delete  
STREET ADDRESS 6745 WOODBRIDGE DRIVE  
CITY - ST - ZIP BOCA RATON FL 33434

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME MGRM DERN, MARK  Delete  
STREET ADDRESS 6745 WOODBRIDGE DRIVE  
CITY - ST - ZIP BOCA RATON FL 33434

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME MGRM SOUTHWEST CORPORATION  Delete  
STREET ADDRESS 6745 WOODBRIDGE DRIVE  
CITY - ST - ZIP BOCA RATON FL 33434

TITLE NAME  Change  Addition  
STREET ADDRESS 400003272054--8  
CITY - ST - ZIP -05/31/00--01050--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY - ST - ZIP

11. I 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 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: *Alvin DERN* **ALVIN DERN** 4/26/00 561 883 0746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E18X (9/99)