

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000001538

FILED
May 08, 2006
Secretary of State**Entity Name:** SOUTH FLORIDA EQUITY GROUP, L.L.C.**Current Principal Place of Business:**9600 NW 25TH STREET
SUITE 6E
MIAMI, FL 33122**New Principal Place of Business:****Current Mailing Address:**9600 NW 25TH STREET
SUITE 6E
MIAMI, FL 33122**New Mailing Address:****FEI Number:** 65-1070408 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZURICH, ZACHARY
640 ISLE OF PALMS
FORT LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: ZURICH, ZACHARY
Address: 640 ISLE OF PALMS
City-St-Zip: FORT LAUDERDALE, FL 33301**Title:** MGRM () Delete
Name: DEROSA, ANTHONY
Address: 9600 NW 25TH STREET 6E
City-St-Zip: MIAMI, FL 33172**Title:** MGRM () Delete
Name: ZURICH, CONRAD
Address: 5181 BROCKWAY LANE
City-St-Zip: FAYETTEVILLE, NY 13066**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 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: ZACHARY ZURICH

MGRM

05/08/2006

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