

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015994

FILED  
May 01, 2004  
Secretary of State

Entity Name: EQUITY CAPITAL GROUP, LLC

## Current Principal Place of Business:

1680 MICHIGAN AVENUE  
SUITE 1001  
MIAMI BEACH, FL 33139 US

## New Principal Place of Business:

1521 ALTON ROAD  
SUITE 111  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

1680 MICHIGAN AVENUE  
SUITE 1001  
MIAMI BEACH, FL 33139 US

## New Mailing Address:

1521 ALTON ROAD  
SUITE 111  
MIAMI BEACH, FL 33139 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOSEPH M. BARISIC, PLLC  
1680 MICHIGAN AVENUE  
SUITE 1001  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

JOSEPH M. BARISIC, PLLC  
1521ALTON ROAD  
SUITE 111  
MIAMI BEACH, FL 33139 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: JOSEPH M. BARISIC

05/01/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: BARISICORP, INC.,  
Address: 1680 MICHIGAN AVENUE, SUITE 1001  
City-St-Zip: MIAMI BEACH, FL 33139 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BARISICORP, INC.,  
Address: 1521 ALTON ROAD, SUITE 111  
City-St-Zip: MIAMI BEACH, FL 33139 US

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: JOSEPH M. BARISIC

MGM

05/01/2004

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