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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -7 PM 3:42

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05-032003 91433 038 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034070

1. Entity Name

EQUUS CENTER, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
6835 VIENTO WAY Suite, Apt. #, etc.	6835 VIENTO WAY Suite, Apt. #, etc.	
City & State: Boca Raton FL	City & State: BOCA Raton	4. FEI Number: 02-0657782 ☐ Applied For ☐ Not Applicable
Zip: 33433 Country: USA	Zip: 33433 Country: USA	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: STAN SCHULTZ

Street Address (P.O. Box Number is Not Acceptable): 7273 W. ATLANTIC AV

City: DELRAY BEACH FL Zip+4: 33446

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 6/10/03

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	ALGRM
NAME	LEVINE, ALAN
STREET ADDRESS	5216 CLUB DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRM
NAME	SCHULTZ, STANLEY
STREET ADDRESS	6835 VIENTO WAY
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E039 (12/01)

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 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: _____ 4/30/03 561 496 4224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #