2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L03000009673

Entity Name: EQUITY ROW PARTNERS, LLC

Current Principal Place of Business:

2345 SAND LAKE ROAD, SUITE 100
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

2345 SAND LAKE ROAD, SUITE 100
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 04-3764728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KORSHAK, STEPHEN D
2345 SAND LAKE ROAD, SUITE 120
ORLANDO, FL 32809 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/MEMBERS:

Title: MGRM ( ) Delete
Name: ERFURTH, CARY
Address: 2345 SAND LAKE ROAD, SUITE 100
City-St-Zip: ORLANDO, FL 32809

Title: MGRM ( ) Delete
Name: LINDEN, DEBORAH L
Address: 2345 SAND LAKE ROAD, SUITE 100
City-St-Zip: ORLANDO, FL 32809

Title: MGRM ( ) Delete
Name: KORSHAK, STEPHEN D
Address: 2345 SAND LAKE ROAD, SUITE 100
City-St-Zip: ORLANDO, FL 32809

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: DEBORAH L. LINDEN MGMR 04/29/2004

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