


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90015 044 ****55.00

DOCUMENT # L03000009673	
1. Entity Name EQUITY ROW PARTNERS, LLC	

Principal Place of Business 2345 SAND LAKE ROAD, SUITE 100 ORLANDO, FL 32809	Mailing Address 2345 SAND LAKE ROAD, SUITE 100 ORLANDO, FL 32809
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20037607



2. Principal Place of Business 8680 Commodity Circle	3. Mailing Address 8680 Commodity Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062005 Chg-LLC CR2E083 (10/03)

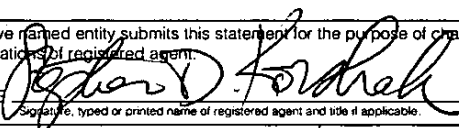
City & State Orlando, FL	City & State Orlando, FL
Zip 32819	Country USA
Zip 32819	Country USA

4. FEI Number 04-3764728	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KORSHAK, STEPHEN D 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809	
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7. Name and Address of New Registered Agent Name Stephen D. Korshak, Esq. Street Address (P.O. Box Number is Not Acceptable) 8680 Commodity Circle, Suite 101 City Orlando FL Zip Code 32819	
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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 _____

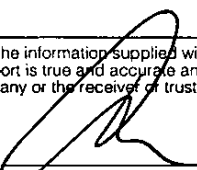
**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERFURTH, CARY <input type="checkbox"/> Delete 2345 SAND LAKE ROAD, SUITE 100 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDEN, DEBORAH L <input type="checkbox"/> Delete 2345 SAND LAKE ROAD, SUITE 100 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORSHAK, STEPHEN D <input type="checkbox"/> Delete 2345 SAND LAKE ROAD, SUITE 100 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Erfurth, Cary 8680 Commodity Circle Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Linden, Deborah L 8680 Commodity Circle Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Korshak, Stephen D 8680 Commodity Circle Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	4/14/05	407-859-8900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>