

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000009673		
1. Entity Name EQUITY ROW PARTNERS, LLC		
Principal Place of Business 8680 COMMODITY CIR ORLANDO, FL 32819 US	Mailing Address 8680 COMMODITY CIR ORLANDO, FL 32819 US	



01132006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3764728	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KORSHAK, STEPHEN D ESQ 8680 COMMODITY CIR STE 101 ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent Signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERFURTH, CARY 8680 COMMODITY CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDEN, DEBORAH L 8680 COMMODITY CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORSHAK, STEPHEN D 8680 COMMODITY CIR ORLANDO, FL 32819
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01/31/06-80018-015 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1-24-06 407-362-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #