


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000009673</b> 1. Entity Name <b>EQUITY ROW PARTNERS, LLC</b>	
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Principal Place of Business <b>8680 COMMODITY CIR ORLANDO, FL 32819 US</b>	Mailing Address <b>8680 COMMODITY CIR ORLANDO, FL 32819 US</b>
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**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>04-3764728</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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01/18/08-80017-009 143.75

**DO NOT WRITE  
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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: *Cary J. Erfurth* 1/15/08 (407)859-8900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #