

## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # L03000035081** 04-21-2004 90449 009 \*\*\*\*50 00 EQUITY HOME BUYERS INVESTMENT GROUP, LLC Mailing Address Principal Place of Business 13970 SOUTHWEST 38TH TERRACE 13970 SOUTHWEST 38TH TERRACE MIAMI, FL 33175 MIAMI, FL 33175 3. Mailing Address 138925W74 TERR 2. Principal Place of Business SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 02132004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FFI Number Applied For FLORIDA Umnl Not Applicable Country Zip \$5.00 Additional Country 5. Certificate of Status Desired DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. ODDY GONZACEZ SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR SW 74 TERR MIAMI, FL 33145 8. The above named entity supplies 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. GONZALEZ SIGNATURE Signature, typ Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change Addition MGR TITLE TITLE ☐ Defete GONZALEZ, RODDY NAME NAME STREET ADDRESS 13970 SOUTHWEST 38TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP Change MGR TITLE ☐ Addition TITLE ☐ Delete NAME MONZON, JOSE NAME 13970 SOUTHWEST 38TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33175 ☐ Delete Change ■ Addition TITLE GONZALEZ, RODDY NAME NAME STREET ADDRESS 13970 SOUTHWEST 38TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-7IP ☐ Change ■ Addition Delete TITLE TITLE MONZON, JOSE NAME NAME 13970 SOUTHWEST 38TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-7IP Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 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 report as required by Chapter 608, Florida Statutes. 00

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**