

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039943

FILED
Apr 16, 2005
Secretary of State

Entity Name: THE CALVARY BROTHERS EQUITY HOLDINGS L.L.C.

Current Principal Place of Business:

6807 TORCH KEY STREET
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6807 TORCH KEY STREET
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-0352236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, CHARLES J
6807 TORCH KEY STREET
LAKE WORTH, FL 33467 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: PIERRE, CHARLES J
Address: 6807 TORCH KEY STREET
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIERRE, CHARLES J
Address: 6807 TORCH KEY STREET
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR () Change (X) Addition
Name: DUVERGER, JEAN
Address: 1230 MONROE BLVD
City-St-Zip: LANTANA, FL 33462

Title: MGR () Change (X) Addition
Name: MADEUS, HENOC
Address: 114 SW 8TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

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: CHARLES J. PIERRE

MGRM

04/16/2005

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