

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046917

FILED
Jan 23, 2007
Secretary of State

Entity Name: EQUITY ONE (LOUISIANA PORTFOLIO) LLC

Current Principal Place of Business:

1600 N. E. MIAMI GARDENS DRIVE
N. MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1600 N. E. MIAMI GARDENS DRIVE
N. MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 52-1794271 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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/MANAGERS:

Title: MGRM () Delete
Name: KATZMAN, CHAIM
Address: 1600 N. E. MIAMI GARDENS DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: MGRM () Delete
Name: VALERO, DORON
Address: 1600 N. E. MIAMI GARDENS DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KATZMAN, CHAIM
Address: 1600 N. E. MIAMI GARDENS DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: MGR (X) Change () Addition
Name: OLSON, JEFFREY S
Address: 1600 N. E. MIAMI GARDENS DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEFFREY S. OLSON

MGR

01/23/2007

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