

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053618

1. Entity Name  
EQUITY CONSORTIUM, L.L.C.



Principal Place of Business  
521 EAST TENNESSEE STREET  
TALLAHASSEE, FL 32308

Mailing Address  
521 EAST TENNESSEE STREET  
TALLAHASSEE, FL 32308

**FILED**  
**Sep 11, 2008 08:00 AM**  
**Secretary of State**



07072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NEIL ST. JOHN RAMBANA, ESQUIRE  
RAMBANA & RICCI, P.A.  
521 EAST TENNESSEE ST.  
TALLAHASSEE, FL 32308

**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

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000959491  
09/11/08-80002-008 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	NEIL ST. JOHN RAMBANA, ESQ.
STREET ADDRESS	521 EAST TENNESSEE STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGR
NAME	RICCI, ELIZABETH M ESQ
STREET ADDRESS	521 EAST TENNESSEE STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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: *Neil St. John Rambana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7.10.2008

Date

Daytime Phone #