


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90254 025 ***543.75

DOCUMENT # L04000010882	
1. Entity Name IDENTITY EQUITIES, L.L.C.	

Principal Place of Business 2930 DRANE FIELD ROAD LAKELAND, FL 33811	Mailing Address 2930 DRANE FIELD ROAD LAKELAND, FL 33811
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DO NOT WRITE IN THIS SPACE



05282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0716523	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SNYDER, ROGER A
 2930 DRANE FIELD ROAD
 LAKELAND, FL 33811

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SNYDER, ROGER A
STREET ADDRESS	2930 DRANE FIELD ROAD
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	MGR
NAME	SNYDER, PATRICK C
STREET ADDRESS	2930 DRANE FIELD ROAD
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	MGR
NAME	SNYDER, ANDREW M
STREET ADDRESS	2930 DRANE FIELD ROAD
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Patrick C. Snyder 5-28-08 862-559-0648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #