


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**


**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90013 035 \*\*\*\*50.00

<b>DOCUMENT # L04000014428</b> 1. Entity Name EQUAL ENTERPRISES LLC	
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Principal Place of Business 165367THLANEN., #401 ST.PETERSBURG,FL33710JS	Mailing Address 165367THLANEN., #401 ST.PETERSBURG,FL33710JS
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**DO NOT WRITE IN THIS SPACE**

	
04032006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 26-0087101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HURWITZ, MICHAEL J  
1653 67TH LANE N.,  
#401  
ST.PETERSBURG, FL 33710

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURWITZ, MICHAEL J 1653 67TH LANE N., #401 ST. PETERSBURG, FL 33710
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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: M. Hurwitz MANAGER      4-25-06      727-345-9117

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