


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90012 019 \*\*\*\*50.00

DOCUMENT # L04000014428	
1. Entity Name EQUAL ENTERPRISES LLC	

Principal Place of Business 1653 67TH LANE N., #401 ST. PETERSBURG, FL 33710 US	Mailing Address 1653 67TH LANE N., #401 ST. PETERSBURG, FL 33710 US
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01032007No 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

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 re-registering)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:**  MICHAEL J. HURWITZ

4-16-07 727-345-9117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #