


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90320 007 \*\*\*138.75

**DOCUMENT # L04000014428**

1. Entity Name  
 EQUAL ENTERPRISES LLC



Principal Place of Business      Mailing Address

1653 67TH LANE N.,      1653 67TH LANE N.,  
 #401      #401  
 ST. PETERSBURG, FL 33710 US      ST. PETERSBURG, FL 33710 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

131 41st Ave. N.      131 41st Ave. N.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 SUITE 103      SUITE 103

City & State      City & State

ST. PETERSBURG, FL.      ST. PETERSBURG, FL.

Zip      Country      Zip      Country

33703      U.S.A.      33703      U.S.A.

04072008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For

26-0087101      Not Applicable

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



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: HURWITZ MICHAEL J  
 Street Address (P.O. Box Number is Not Acceptable): 131 41st Ave. N.  
 SUITE 103  
 City: ST. PETERSBURG, FL      Zip Code: 33703

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: *M. Hurwitz*      DATE: 4-8-08

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | MGR                      | <input type="checkbox"/> Delete |
| NAME           | HURWITZ, MICHAEL J       |                                 |
| STREET ADDRESS | 1653 67TH LANE N., #401  |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33710 |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

10. ADDITIONS / CHANGES

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | MGR                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HURWITZ MICHAEL J           |  |
| STREET ADDRESS | 131 41st Ave. N., SUITE 103 |  |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33703    |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: *M. Hurwitz*      DATE: 4-8-08      727-387-3444

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