

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058640

Entity Name: EQUINOX ACQUISITIONS, LLC

FILED  
Jan 31, 2006  
Secretary of State

## Current Principal Place of Business:

11613 PLANTATION PRESERVE CIRCLE  
FORT MYERS, FL 33912 US

## New Principal Place of Business:

11613 PLANTATION PRESERVE CIRCLE  
FORT MYERS, FL 33912 US

## Current Mailing Address:

11613 PLANTATION PRESERVE CIRCLE  
FORT MYERS, FL 33912 US

## New Mailing Address:

FEI Number: 20-1505409      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOUTHWEST PROFESSIONAL SERVICES OF S FL IN  
13571 MCGREGOR BLVD #22  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WALLEN, MARK A  
Address: 11613 PLANTATION PRESERVE CIR S  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR ( ) Delete  
Name: SOMMER, SHAWN  
Address: PO BOX 07392  
City-St-Zip: FORT MYERS, FL 33919 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK A WALLEN

MGR

01/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date