


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90041 025 \*\*\*\*50.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L04000071157</b>   |   |  |   |  |  |
| <b>1. Entity Name</b><br>EQUITY SALVAGE, LLC   |   |  |   |   |  |
| <b>Principal Place of Business</b><br>118 EAST TARPON AVE<br>SUITE # 205<br>TARPON SPRINGS, FL 34689 US  |   |  | <b>Mailing Address</b><br>118 EAST TARPON AVE<br>SUITE # 205<br>TARPON SPRINGS, FL 34689 US   |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>                                    |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State   |   |   |  |
| Zip  | Country   | Zip  | Country   | <b>4. FEI Number</b> 04262005 Chg-LLC CR2E083 (10/03)                             |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required  |   |  |   | <input checked="" type="checkbox"/> Not Applicable                                |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>PROVENZANO, JOHN<br>118 EAST TARPON AVE<br>SUITE # 205<br>TARPON SPRINGS, FL 34689   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |  |
| <b>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.</b>   |   |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MORFESIS, GERASIMOS<br>3947 STAR ISLAND DR<br>HOLIDAY, FL 34691 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |   |  |   |   |  |
| <b>SIGNATURE</b> _____   |   |  | Date <span style="float: right;">Daytime Phone #</span>   |   |  |