


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/9/2005 90115:041-\$60.00-\$60.00  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 OCT 13 AM 9: 09

<b>DOCUMENT # L04000081435</b> 1. Entity Name <b>CHICAGO EQUITY PARTNERS, LLC</b>		
Principal Place of Business <b>2811 SAYBROOK COURT                  TAMPA, FL 33610</b>		Mailing Address <b>2811 SAYBROOK COURT                  TAMPA, FL 33610</b>
2. Principal Place of Business <b>2811 Saybrook Ct.</b>		3. Mailing Address <b>2811 Saybrook Ct.</b>
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____
City & State <b>Tampa, FL.</b>		City & State <b>Tampa, FL.</b>
Zip <b>33610</b>	Country <b>Hillsborough</b>	Zip <b>33610</b>
Country <b>Hillsborough</b>	4. FEI Number <b>20-1862331</b>	
6. Name and Address of Current Registered Agent <b>MESTEY, JOSE N                  2811 SAYBROOK COURT                  TAMPA, FL 33610</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____
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.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
SIGNATURE <i>Jose N. Mestey</i>		DATE <b>08-29-05</b>
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <b>JOSE MESTEY</b> <input type="checkbox"/> Delete <b>2811 SAYBROOK CT.</b> <b>TAMPA FL. 33610</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <b>JOHN CORTEZ</b> <input type="checkbox"/> Delete <b>2811 SAYBROOK CT.</b> <b>TAMPA, FL. 33610</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Jose N. Mestey</i>		Date: <b>08-29-05</b> 847-452 0175