


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90082 002 ****65.00

DOCUMENT # L04000081435 1. Entity Name CHICAGO EQUITY PARTNERS, LLC	
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Principal Place of Business 2811 SAYBROOK COURT TAMPA, FL 33610	Mailing Address 2811 SAYBROOK COURT TAMPA, FL 33610
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changed

2. Principal Place of Business 2811 SAYBROOK CT Suite, Apt. #, etc.	3. Mailing Address 2332 WOODSIDE Dr. Suite, Apt. #, etc.
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07192006 Chg-LLC CR2E083 (11/05)

City & State TAMPA FL.	City & State CAARPENTERS-VILLE IL
Zip 33610	Zip 60110
Country USA	Country USA

4. FEI Number 20-1862331	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MESTEY, JOSE N 2811 SAYBROOK COURT TAMPA, FL 33610

7. Name and Address of New Registered Agent Name MESTEY, JOSE N Street Address (P.O. Box Number is Not Acceptable) "SAME" 2332 WOODSIDE DR. City FL Zip Code

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.

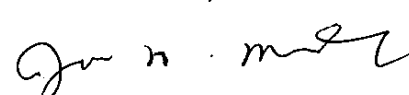
SIGNATURE 	DATE 07-18-07
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Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE	P <input type="checkbox"/> Delete
NAME	MESTY, JOSE
STREET ADDRESS	2811 SAYBROOK CT
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	VP <input type="checkbox"/> Delete
NAME	CORTEZ, JOHN
STREET ADDRESS	2811 SAYBROOK CT
CITY-ST-ZIP	TAMPA, FL 33610
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	<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 	DATE 07-18-07
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