

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092171

FILED
Apr 06, 2006
Secretary of State

Entity Name: THE EQUITY NETWORK, LLC

Current Principal Place of Business:

579 SHOREHAM COURT NE
ST. PETERSBURG, FL 33716

New Principal Place of Business:

12055 GANDY BLVD. UNIT 265
ST. PETERSBURG, FL 33702

Current Mailing Address:

579 SHOREHAM COURT NE
ST. PETERSBURG, FL 33716

New Mailing Address:

12055 GANDY BLVD. UNIT 265
ST. PETERSBURG, FL 33702

FEI Number: 26-0103939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIEREK, KURT
579 SHOREHAM COURT NE
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

BIEREK, KURT
12055 GANDY BLVD. UNIT 265
ST. PETERSBURG, FL 33702 US

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: KURT BIEREK

04/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BIEREK, KURT
Address: 579 SHOREHAM COURT NE
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM (X) Delete
Name: RAFF, ROBERT
Address: 579 SHOREHAM COURT NE
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BIEREK, KURT
Address: 12055 GANDY BLVD. UNIT 265
City-St-Zip: ST. PETERSBURG, FL 33702

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: KURT BIEREK

MGRM

04/06/2006

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