
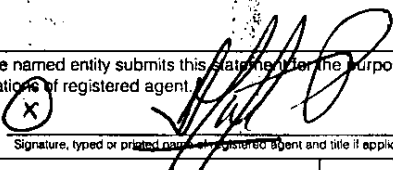



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90036 015 \*\*\*\*50.00

<b>DOCUMENT # L05000017940</b>					
<b>1. Entity Name</b> FINANCIAL EQUITY, LLC					
<b>Principal Place of Business</b> 2500 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009			<b>Mailing Address</b> 2500 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009		
<b>2. Principal Place of Business - No P.O. Box #</b> 2500 E. HALLANDALE		<b>3. Mailing Address</b> THE SAME			
Suite, Apt. #, etc. BEACH BLVD SUITE T		Suite, Apt. #, etc.			
<b>City &amp; State</b> HALLANDALE BEACH, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-2371222	
<b>Zip</b> 33009		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EPELBOIM, NOEL 2800 WESTON ROAD SUITE 103 WESTON, FL 33331			<b>7. Name and Address of New Registered Agent</b> Name <u>LEGAL INFORMATION SERVICES, INC.</u> Street Address (P.O. Box Number is Not Acceptable) 2300 WESTON ROAD SUITE 404 City <u>WESTON</u> <u>FL</u> Zip Code <u>33331</u>		
<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 reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR EPELBOIM, NOEL 2800 WESTON ROAD SUITE 103 WESTON, FL 33331	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR EPELBOIM, NOEL 2500 E. HALLANDALE BEACH BVD PH-1 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR MARTINEZ, IGNACIO 2800 WESTON ROAD SUITE 103 WESTON, FL 33331	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR MARTINEZ, IGNALIO 2500 E. HALLANDALE BEACH BLVD PH-1 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE</b> 			01/29/2007 (954) 3862550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		