

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1/

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-01-2006 90033 039 ****50.00

DOCUMENT # L05000026912			
1. Entity Name EQUINOX VENTURES, LLC			
Principal Place of Business 2309 64TH STREET WEST BRADENTON, FL 34209		Mailing Address 2309 64TH STREET WEST BRADENTON, FL 34209	
2. Principal Place of Business 623 Marbury Lane Suite, Apt. #, etc.		3. Mailing Address 623 Marbury Ln. Suite, Apt. #, etc.	
City & State Longboat Key, FL Zip 34228 Country		City & State Longboat Key, FL Zip 34228 Country	
4. FEI Number 20-2975632		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GINO SEDILLO 316 MANATEE AVE WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: 4/17/06 <small>(NOTE: Registered Agent signature required when resigning)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER GINO SEDILLO 316 MANATEE AVE WEST BRADENTON FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER RUSS LATTUCA 623 MARBURY LANE LONGBOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 4/17/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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