

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043673

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** EQUITY GROWTH SOLUTIONS, LLC

**Current Principal Place of Business:**

12641 STRATHMORE LOOP  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

12641 STRATHMORE LOOP  
FORT MYERS, FL 33912 US

**New Mailing Address:**

**FEI Number:** 20-2776388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATALI, ABEL J  
12641 STRATHMORE LOOP  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAMTANI, VIJAY  
Address: 8921 CYPRESS PRESERVE PLACE  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM ( ) Delete  
Name: SAMTANI, VISHAL  
Address: 8921 CYPRESS PRESERVE PLACE  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM ( ) Delete  
Name: NATALI, ABEL J  
Address: 12641 STRATHMORE LOOP  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM ( ) Delete  
Name: PATEL, AASHISH  
Address: 5700 HARBORAGE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM ( ) Delete  
Name: TURP, RICHARD G  
Address: 2428 VERNON AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33971 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ABEL J NATALI

MGRM

01/05/2006

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