


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90179 002 ****50.00

DOCUMENT # L05000068190	
1. Entity Name AEQUICAP PRODUCTIONS, LLC	

Principal Place of Business 3000 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US	Mailing Address 3000 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US
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20011389



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 86-1143042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES, MATTHEW T 3000 WEST CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AEQUICAP SERVICES GROUP, INC. 3000 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 500 N 7th St 2191-4 957 472 6565	Daytime Phone #
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