

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000069330



1. Entity Name
EQUIMANOR, LLC

Principal Place of Business Mailing Address
3075 BUCKINGHAMMOCK TRAIL **3075 BUCKINGHAMMOCK TRAIL**
VERO BEACH FL 32960 **VERO BEACH FL 32960**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/06)

4. FEI Number Applied For
20-3454073 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCK, SAMUEL A ESQ.
3339 CARDINAL DRIVE, SUITE 200
VERO BEACH FL 32963

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME **STEYER, THOMAS M**
STREET ADDRESS **3075 BUCKINGHAMMOCK TRAIL**
CITY- ST- ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete
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CITY- ST- ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
U00000598569
01/24/07-80082-006 50.00

☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

01.19.2007 (712) 978-6693