2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2007
Secretary of State

DOCUMENT# L05000083943

Entity Name: 3100-402 DIAN ROAD TALLAHASSEE, LLC

Current Principal Place of Business:

EQUIVEST, INC.
8930 W STATE ROAD 84 #170
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

EQUIVEST, INC.
8930 W STATE ROAD 84 #170
DAVIE, FL 33324

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, DARYL
15820 SW 98 COURT
MIAMI, FL 33157 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: MGR ( ) Delete
Name: EQUIVEST, INC.,
Address: 8930 W STATE ROAD 84 #170
City-St-Zip: DAVIE, FL 33324

Title: MGRM ( ) Delete
Name: BOIK, ALEX
Address: 10850 SW 69 DRIVE
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete
Name: JONES, DUREL
Address: 3100-402 DIAN ROAD
City-St-Zip: TALLAHASSEE, FL 323041111

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:

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: SEBRINA JAMES MGR 01/14/2007

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