


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90181 007 \*\*\*138.75

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # L05000088464</b><br>1. Entity Name<br><b>EQUINOX PROPERTY, LLC</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>1206 EAST RIDGEWOOD STREET<br/>ORLANDO, FL 32803</b>   |  |  | Mailing Address<br><b>1206 EAST RIDGEWOOD STREET<br/>ORLANDO, FL 32803</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>201 Osprey Hammock Trail</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>201 Osprey Hammock Trail</b><br>Suite, Apt. #, etc. |  |  |  |
| City & State<br><b>Sanford, FL</b>   |  | City & State<br><b>Sanford, FL</b>   |  | 4. FEI Number<br><b>NOT APPLICABLE</b>   |  |
| Zip<br><b>32771</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRYANT, CARLA D<br/>1206 EAST RIDGEWOOD STREET<br/>ORLANDO, FL 32803</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Maria Pawlowski</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>201 Osprey Hammock Trail</b><br>City <b>Sanford</b> <b>FL</b> Zip Code <b>32771</b> |  |  |
| 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.<br>SIGNATURE <b>Maria Pawlowski</b> DATE <b>3/18/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>PAWLOWSKI, M<br/>6896 SYLVAN WOODS DR<br/>SANFORD, FL 32771</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>Pawlowski, M.<br/>201 Osprey Hammock Trail<br/>Sanford, FL 32771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>Maria Pawlowski</b> Date <b>3/18/08</b> Daytime Phone # <b>407-302-3062</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  |  |  |  |

**60022194**



03142008 Chg-LLC CR2E083 (12/06)