


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90040 015 \*\*\*\*50.00

<b>DOCUMENT # L05000095832</b> 1. Entity Name <b>EQUITABLE TOWERS LLC</b>					
Principal Place of Business <b>4720 CLEVELAND HEIGHTS BLVD SUITE 201 LAKELAND, FL 33813</b>			Mailing Address <b>4720 CLEVELAND HEIGHTS BLVD SUITE 201 LAKELAND, FL 33813</b>		
2. Principal Place of Business <b>2270 Griffin Rd # 318</b>		3. Mailing Address <b>2270 Griffin Road # 318</b>			
City & State <b>Lakeland Fla</b>		City & State <b>Lakeland, Fla</b>			
Zip <b>33810</b>		Country <b>USA</b>		4. FEI Number <b>11-3762169</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SEBASTIAN, DANIEL 4720 CLEVELAND HEIGHTS BLVD SUITE 201 LAKELAND, FL 33813</b>			7. Name and Address of New Registered Agent  Name <b>Daniel Sebastian</b> Street Address (P.O. Box Number is Not Acceptable) <b>2270 Griffin Rd # 318</b> City <b>Lakeland</b> FL <b>33810</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. SIGNATURE <b>for Equitable Towers [Signature] Registered Agent</b> DATE <b>1-6-06</b>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIGHTHOUSE LANDINGS 2454 ASHLAND STREET PMB 212 ASHLAND, OR 97520		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	
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	
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	
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	
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: <b>for Lighthouse Landings [Signature] manager</b> DATE <b>1-6-06</b>					

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01062006 Chg-LLC CR2E083 (11/05)

863-604-2665