
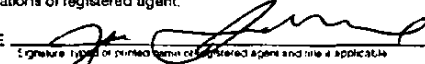
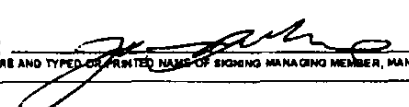


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90069 016 \*\*\*\*50.00

<b>DOCUMENT # L06000002725</b> 1. Entity Name <b>EQUITY BUILDERS OF FLORIDA, L.L.C.</b>					
Principal Place of Business <b>1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207-8777</b>			Mailing Address <b>1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207-8777</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>KENNEY, THERESA MARIE 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257</b>				7. Name and Address of New Registered Agent Name <b>INDRIOLO, JOSEPH</b> Street Address (P.O. Box Number is Not Acceptable) <b>1923 Southampton Road</b> City <b>Jacksonville</b> FL Zip Code <b>32207</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  <small>Signature (Typed or printed name of registered agent and title is applicable) (NOTE: Registered Agent signature required when renouncing)</small>				DATE <b>1-29-07</b>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INDRIOLO, JOSEPH 1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 322078777 <input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <b>1-29-07</b> <small>Date Daytime Phone #</small>	

**30001385**



01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4083330** Applied For ☐ Not Applicable ☐

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