

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90032 034 \*\*\*\*50.00

DOCUMENT # L06000019006

1. Entity Name

EQUITY GROUP INVESTMENTS, LLC



Principal Place of Business

1950 NW 169TH AVENUE  
PEMBROKE PINES FL 33028  
US

Mailing Address

1950 NW 169TH AVENUE  
PEMBROKE PINES FL 33028  
US

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

4. FEI Number

20-4377913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, REINALDO  
1950 NW 169TH AVENUE  
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

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 re-registering)

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: MGRM ☐ Delete  
NAME: SMITH, REINALDO  
STREET ADDRESS: 1950 NW 169TH AVENUE  
CITY ST ZIP: PEMBROKE PINES FL 33028

TITLE: MGRM ☐ Delete  
NAME: WAYNE, JUNE  
STREET ADDRESS: 1200 WEST AVENUE, #917  
CITY ST ZIP: MIAMI BEACH FL 33139

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

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

Date

Daytime Phone #

25 April 2007 786-252-9303