

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90039 042 ****55.00

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DOCUMENT # L06000084796			
1. Entity Name EQUITY BUILDER NETWORK, LLC			
Principal Place of Business 4490 MARSH HARBOR DR. TAVARES, FL 32778 US		Mailing Address 4490 MARSH HARBOR DR. TAVARES, FL 32778 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2880 David Walker Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 137	
City & State		City & State EUSTIS, FL	
Zip	Country	Zip	Country
		32726	U.S.A
4. FEI Number		Applied For	
205462796		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
		<input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD. SUITE 400 MIAMI BEACH, FL 33139		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PALMER, GERARD E 4490 MARSH HARBOR DR. TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Gerard Palmer</i>		Date: 7/14/07 Daytime Phone #: 407-301-9256	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			