

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091796

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: EQUAL DEVELOPERS 806, LLC

**Current Principal Place of Business:**

3526 TRILLIUM COURT  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13981  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

FEI Number: 20-5549639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRALEY, STEVEN M  
3526 TRILLIUM COURT  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FRALEY, STEVEN M  
Address: 3526 TRILLIUM COURT  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGR ( ) Delete  
Name: RAZON, VIKTOR  
Address: 8047 LONGMEADOW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR ( ) Delete  
Name: FORREST, TERRY W  
Address: 306 BEAVER LAKE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE FRALEY

MM

02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date