

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092518

FILED  
Aug 31, 2007  
Secretary of State

Entity Name: EQUALIZER SOLUTIONS, LLC

## Current Principal Place of Business:

665 NE 195 STREET  
SUITE 227  
NORTH MIAMI BEACH, FL 33179

## New Principal Place of Business:

## Current Mailing Address:

665 NE 195 STREET  
SUITE 227  
NORTH MIAMI BEACH, FL 33179

## New Mailing Address:

FEI Number: 20-5574012      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LEE, QUINCY  
665 NE 195 STREET  
SUITE 227  
NORTH MIAMI BEACH, FL 33179 US

## Name and Address of New Registered Agent:

LEE, QUINCY D  
665 NE 195 STREET  
SUITE 227  
NORTH MIAMI BEACH, FL 33179 US

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: QUINCY D. LEE

08/31/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEE, QUINCY  
Address: 665 NE 195 STREET, SUITE 227  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: LEE, QUINCY D  
Address: 665 NE 195 STREET, SUITE 227  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: EVP ( ) Change (X) Addition  
Name: HARRIS, JULIA M  
Address: 665 NE 195 STREET, SUITE 227  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP ( ) Change (X) Addition  
Name: LEE, RESHAUNDA M  
Address: 665 NE 195 STREET, SUITE 227  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: AVP ( ) Change (X) Addition  
Name: CLARK, DELILAH M  
Address: 2416 IDLEWILD DRIVE  
City-St-Zip: SPRINGFIELD, IL 62704

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: QUINCY D. LEE

CEO

08/31/2007

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