2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2007 8:00 am Secretary of State

DOCUMENT # L06000093182 1. Entity Name 1-75 EQUITY PARTNERS, LLC					4		7 90020 024 ****	' 50.00
Principal Place of Business Mailing Address					- เบบเมบบ			
1099 SHOTGUN ROAD SUNRISE, FL 33326		1099 SHOTGUN ROAD Sunrise, FL 33326		1 10811021 011	ESIKS SIIIK SSKK ŠŠKI ŠŠ	k Odkad kohoo ikiga ilbel idkid kir	: 11 1	
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number 20 -	57592	79 No	pplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired	□ \$5.00 Add Fee Require	
6. Name and Address of Curren		Registered Agent Name		Name .	7. Name and Address of New Registered Agent			
 SPIEGEL & UTRERA, P.A.				M	JOEL GOLDFARB			
1840 SW 22ND ST.		Street Address		Street Address	(P.O. Box Number is Not Acceptable) 5 HO 7 GUN ROAD			
4TH FLOC					<i>D</i> - .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MIAMI, FL 33145			-	City C			Zip Cod	e /
			1	\(\) UNKISE				
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.								and accept
SIGNATURE M. JOE.L GOLD FARB MGR M. Half Delde 1/15/07 Signature: typed or printed name of registered agent and title inapplicable. (NOTE: Registeryal Agent signature required when reflectating) DATE								
SIGNATORE	Signature, typed or printed name of registered ager	n and title it applicable. (NOTE:	Registered A	Agent signature require	ed when remetating)		DATE	
	-		•					
F	iling Fee is \$50.00 ue by May 1, 2007		·				e check payable to a Department of State	0
9.	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMB	ERS/MANAGERS	10.				Department of State	
9. TITLE	MANAGING MEMB	ERS/MANAGERS Delete	TITLE			Florida	Department of State	Addition
9. TITLE NAME	MANAGING MEMB MGR GOLDFARB, M. JOEL		TITLE NAME	T ADDRESS		Florida	Department of State	
9. TITLE	MANAGING MEMB		TITLE NAME	F ADDRESS ST-ZIP		Florida	Department of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGR GOLDFARB, M. JOEL 1099 SHOTGUN ROAD		TITLE NAME STREET	I		Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMB MGR GOLDFARB, M. JOEL 1099 SHOTGUN ROAD SUNRISE, FL 33326 S GOLDFARB, M. JOEL	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME	ST-ZIP		Florida	Department of State CHANGES Change	Addition
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11. I hereby certify that the information supplied with this filling 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: M. JOGL GOLD FARE Myal JUSTES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/15/07 454

Onte

954-452-2720

Daytime Phone * X Z Z/G