

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90015 019 ***138.75

DOCUMENT # L06000093182

1. Entity Name
I-75 EQUITY PARTNERS, LLC



Principal Place of Business
1099 SHOTGUN ROAD
SUNRISE, FL 33326

Mailing Address
1099 SHOTGUN ROAD
SUNRISE, FL 33326

60002249



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-5759279

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDFARB, JOEL M
1099 SHOTGUN RD
SUNRISE, FL 33326

Name
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 SW 22nd Street, 4th Floor

City
Miami

FL

Zip Code
33145

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 By:

Signature, typed or printed name of registered agent and title if applicable.

SPIEGEL & UTRERA, P.A., Vice-President

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GOLDFARB, M. JOEL
STREET ADDRESS 1099 SHOTGUN ROAD
CITY-STATE-ZIP SUNRISE, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S ☐ Delete
NAME GOLDFARB, M. JOEL
STREET ADDRESS 1099 SHOTGUN ROAD
CITY-STATE-ZIP SUNRISE, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE T ☐ Delete
NAME GETZOFF, ROY
STREET ADDRESS 1099 SHOTGUN ROAD
CITY-STATE-ZIP SUNRISE, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: *M. Joel Goldfarb* M. Joel Goldfarb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/15/08 954-452-2720
Date Daytime Phone #