

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101580

FILED  
Jan 27, 2008  
Secretary of State

Entity Name: EQUIVALENCE CAPITAL LLC

**Current Principal Place of Business:**

1775 WASHINGTON AVE.  
SUITE 5B  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1775 WASHINGTON AVE.  
SUITE 5B  
MIAMI BEACH, FL 33139

**New Mailing Address:**

1775 WASHINGTON AVE.  
5B  
MIAMI BEACH, FL 33139

FEI Number: 26-1189184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STABEL, SINTIA  
1775 WASHINGTON AVE.  
APT. 5B  
MIAMI BEACH, FL, FL 33139 US

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

STABEL, SINTIA  
1775 WASHINGTON AVE.  
5B  
MIAMI BEACH, FL, FL 33139 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:

01/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STABEL, SINTIA  
Address: 1775 WASHINGTON AVE. APT. 5B  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: PESCATRICE, MARK J  
Address: 1775 WASHINGTON AVE. APT. 5B  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

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: SINTIA STABEL

MGRM

01/27/2008

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