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Secretary of State
04-26-2007 90034 009 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L93000000006

1. Entity Name
EQUITY MERCHANT BANKING CORPORATION, L.C.

Principal Place of Business	Mailing Address
~~655~~ 6555 N.POWERLINE RD STE. 408 FORT LAUDERDALE, FL 33309	~~655~~ 6555 N.POWERLINE RD STE. 408 FORT LAUDERDALE, FL 33309
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0376360 ☐ Applied For ☐ Not Applicable

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
DALEY, STACIE ~~50 N.E. 26TH AVENUE, SUITE 201~~ 6555 N.POWERLINE RD., STE. 408 FORT LAUDERDALE, FL 33309	Name Corbett R. Lenz Street Address (P.O. Box Number is Not Acceptable) 6555 N. Powerline Rd Suite 408 City FORT LAUDERDALE FL Zip Code 33309

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LENZ, CORBETT 6555 N. POWERLINE RD., STE. 408 FORT LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DALEY, STACIE K 6555 N. POWERLINE RD., STE 408 FORT LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Stacie Daley 8/17/07 (954)202-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #