


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000002655</b> 1. Entity Name TOTAL EQUITY ONE, L.L.C.	
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Principal Place of Business 11936 S. RIDGEWAY SUITE 1B ALSIP, IL 60803 US	Mailing Address 11936 S. RIDGEWAY SUITE 1B ALSIP, IL 60803 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR.  
369 N. NEW YORK AVENUE  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERWANI, MUSTAFA A.J. 11936 S. RIDGEWAY #1B ALSIP, IL 60803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERWANI, NABEELA A 11936 S. RIDGEWAY, #1B ALSIP, IL 60803
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**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** MUSTAFA A. SHERWANI 4/8/2004 708-371-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #