


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90117 039 ****50.00

DOCUMENT # M02000001376	
1. Entity Name EQUITY REAL ESTATE SOLUTIONS, LLC	

Principal Place of Business 290 BILMAR DRIVE PITTSBURGH, PA 15205	Mailing Address 290 BILMAR DRIVE PITTSBURGH, PA 15205
---	---

24077611



2. Principal Place of Business 100 Beecham Dr.	3. Mailing Address 100 Beecham Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07202004 Chg-LLC CR2E083 (10/03)

City & State Pittsburgh PA	City & State Pittsburgh PA
Zip 15205	Zip 15205
Country USA	Country USA

4. FEI Number 75-3023060	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent HUTCHISON, PHILLIP D JR 1209 WEST 10TH STREET PANAMA CITY, FL 32401	
--	--

7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd. City Plantation FL Zip Code 33324	
---	--

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 <i>Kenn A Seburia</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 7/21/04 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HVIDAK, RICHARD C 290 BILMAS DRIVE PITTSBURGH, PA 15205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORGAS, MICHAEL E 290 BILMAS DRIVE PITTSBURGH, PA 15205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, GREG 400 LIPPINCOTT DRIVE MARLTON, NJ 08053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENKINS, JAMES 400 LIPPINCOTT DRIVE MARLTON, NJ 08053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Michael E. Forgas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 7-24-04 Daytime Phone # 412-805 1715