

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000001376

1. Entity Name
EQUITY REAL ESTATE SOLUTIONS, LLC



Principal Place of Business
**100 BEECHAM DR
PITTSBURGH, PA 15205**

Mailing Address
**100 BEECHAM DR
PITTSBURGH, PA 15205**



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3023060

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HVIZDAK, RICHARD C
290 BILMAS DRIVE
PITTSBURGH, PA 15205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FORGAS, MICHAEL E
290 BILMAS DRIVE
PITTSBURGH, PA 15205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FISHER, GREG
400 LIPPINCOTT DRIVE
MARLTON, NJ 08053**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
JENKINS, JAMES
400 LIPPINCOTT DRIVE
MARLTON, NJ 08053**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/25/05-80111-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Will E. F...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/19/05

Date

412-808-1715

Daytime Phone #