2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000374

1. Entity Name

CLINTON HILL EQUITIES LLC



Principal Place of Business

C/O TIME EQUITIES, INC. 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003 Mailing Address

C/O TIME EQUITIES, INC. 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003

FILED Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90172 018 ****50.00



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-3171846 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of cha- lions of registered agent.	nging its registere	d office or registered agent, or both, in the Sta	te of Florida. I am familiar with, a	nd accept
SIGNATURE.					
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE		DATE	
Fi D:	iling Fee Is \$50.00 ue by May 1, 2006			·	
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENBURGER, FRANCIS 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			en da de la companya	of Variation of the	
NAME Street address City-St-ZIP			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS				e de la companya de l	

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: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENT TIVE

41/06

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