
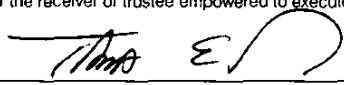


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90254 021 ***138.75

DOCUMENT # M05000003217 1. Entity Name FELDMAN EQUITIES MANAGEMENT LLC					
Principal Place of Business 2201 E. CAMELBACK RD. STE 350 PHOENIX, AZ 85016			Mailing Address 2201 E. CAMELBACK RD. STE 350 PHOENIX, AZ 85016		
2. Principal Place of Business No P.O. Box # 1010 Northern Boulevard			3. Mailing Address 2 Ponds Edge Drive		
Suite, Apt., #, etc. Suite 314			Suite, Apt., #, etc. P.O. Box 1478		
City & State Great Neck, NY			City & State Chadds Ford, PA		
Zip 11021		Country USA		Zip 19317	
Country USA		4. FEI Number 86-0971817			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENSEN, SCOTT 2201 E. CAMELBACK ROAD, SUITE 350 PHOENIX, AZ 85016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELDMAN EQUITIES OF ARIZONA LLC 2201 E. CAMELBACK ROAD, SUITE 350 PHOENIX, AZ 85016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  Thomas Wirth AUTHORIZED REPRESENTATIVE 4-15-08 516-684-1259 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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