2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State
08-09-2006 90094 046 ****50.00

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1. Entity Name
EQUITABLE CAPITAL MANAGEMENT, LLC

Principal Place of Business	Mailing Address
601 N. ASHLEY STREET, SUITE 1200 TAMPA, FL 33602	601 N. ASHLEY STREET, SUITE 1200 TAMPA, FL 33602

08022006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
55 Fifth Avenue	55 Fifth Avenue
Suite, Apt. #, etc. 16th Floor	Suite, Apt. #, etc. 16th Floor
City & State New York, NY	City & State New York, NY
Zip 10012 Country USA	Zip 10012 Country USA

4. FEI Number 30-2370147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIDER, KEN
601 N. ASHLEY STREET, SUITE 1200
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name Seth P. Joseph, Esq.
Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce De Leon Boulevard
Suite 400
City Coral Gables FL Zip Code 33134

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 Seth P. Joseph Seth P. Joseph August 3, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GRIDER, KEN 601 N. ASHLEY STREET, SUITE 1200 TAMPA, FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARISH, ANNE 601 N. ASHLEY STREET, SUITE 1200 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Barish, Ann 55 Fifth Avenue, 16th Floor New York, NY 10012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Seth P. Joseph Seth P. Joseph, Esq. August 3, 2006 (305) 460-1469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #