

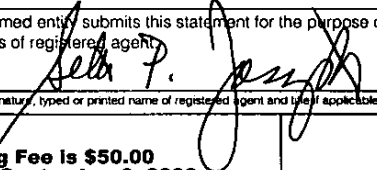
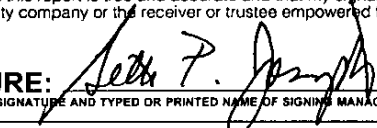


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90094 046 ****50.00

DOCUMENT # M05000004538 1. Entity Name EQUITABLE CAPITAL MANAGEMENT, LLC					
Principal Place of Business 601 N. ASHLEY STREET, SUITE 1200 TAMPA, FL 33602			Mailing Address 601 N. ASHLEY STREET, SUITE 1200 TAMPA, FL 33602		
2. Principal Place of Business 55 Fifth Avenue Suite, Apt. #, etc. 16th Floor City & State New York, NY Zip 10012		3. Mailing Address 55 Fifth Avenue Suite, Apt. #, etc. 16th Floor City & State New York, NY Zip 10012			
4. FEI Number 30-2370147		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				08022006 Chg-LLC CR2E083 (11/05)	
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 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			Seth P. Joseph August 3, 2006 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
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	<input checked="" 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 BARISH, ANNE 601 N. ASHLEY STREET, SUITE 1200 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Seth P. Joseph, Esq. August 2, 2006 <small>Date</small>		
(305) 460-1469 <small>Daytime Phone #</small>					