

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005760

FILED
May 16, 2007
Secretary of State

Entity Name: EQUIVEST CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

900 SOUTH US HIGHWAY ONE
SUITE 108
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

900 SOUTH US HIGHWAY ONE
SUITE 108
JUPITER, FL 33477

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAW OFFICES OF MICHAEL SCHER
18851 N.E. 29TH AVENUE
SUITE 700
AVENTURA, FL 33180 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: HARRINGTON, PATRICK D
Address: 900 SOUTH US HIGHWAY ONE, SUITE 108
City-St-Zip: JUPITER, FL 33477

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO () Delete
Name: WIEGAND, KEITH CFO
Address: 900 SOUTH US HIGHWAY ONE, SUITE 108
City-St-Zip: JUPITER, FL 33477

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEITH WIEGAND

CFO

05/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date