

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005760

FILED  
Jun 10, 2008  
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 C. WIEGAND

CFO

06/10/2008

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