

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90050 034 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P94000040006</b> 1. Entity Name <b>EQUISTAR MANAGEMENT COMPANY</b>																													
Principal Place of Business P O BOX 770668 CORAL SPRINGS, FL 33077-0668			Mailing Address P O BOX 770668 CORAL SPRINGS, FL 33077-0668																										
2. Principal Place of Business <b>925 S Federal Hwy</b> Suite, Apt. #, etc. <b>715</b> City & State <b>Boca Raton, FL</b> Zip <b>33432</b>		3. Mailing Address <b>925 S Federal Hwy</b> Suite, Apt. #, etc. <b>715</b> City & State <b>Boca Raton, FL</b> Zip <b>33432</b>																											
02192004    Chg-P    CR2E034 (10/03)		4. FEI Number <b>65-0498373</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>WEICHOLZ, SCOTT</b> <b>210 UNIVERSITY DRIVE</b> <b>SUITE 900</b> <b>CORAL SPRINGS, FL 33071</b>																									
7. Name and Address of New Registered Agent Name <b>Scott Weicholz</b> Street Address (P.O. Box Number is Not Acceptable) <b>925 S Federal Hwy</b> <b>Suite 715</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>				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 <b>President</b> <b>03/05/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">DPS</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WEICHOLZ, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>210 UNIVERSITY DR., SUITE 900</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table>		TITLE	DPS	<input type="checkbox"/> Delete	NAME	WEICHOLZ, SCOTT		STREET ADDRESS	210 UNIVERSITY DR., SUITE 900		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">DPS</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Weicholz, Scott</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>925 S Federal Hwy, Suite 715</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Boca Raton, FL 33432</td> <td></td> </tr> </table>		TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Weicholz, Scott		STREET ADDRESS	925 S Federal Hwy, Suite 715		CITY-ST-ZIP	Boca Raton, FL 33432		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE:     By: Scott Weicholz as President <b>03/05/2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																													