2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 26, 2007 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State				
DOCU	MENT	#L06000000	409				02-26-2007	90304 04	1 ****50	0.00
1. Entity Name LMK EQUIPMENT, LLC										
LMK EQU	NAMENI	, LLC								
Principal Plac	e of Business	S	Mailing Address				200	05084	4	
1528 CORAL RIDGE DRIVE			1528 CORAL RIDGE DRIVE			20000003				
FORT LAUDE	RDALE, FL	33304	FORT LAUDERDALE, FL	33304						
							I Baria a nni fa nn fa nt fa n			
2. Principal Place of Business - No P.O. Box # 1/3/ MW 55 37. Suite, Apt. #, etc.			3. Mailing Address 1131NW 55							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		İ	01292007	Chg-LLC	CR2E083	3 (12/06)	
City & State For Francisco			City & State Francework 1=1		1=1	4. FEI Numb	04263:	Z	_ 	plied For t Applicable
zip 33	309	Country U5A	^{zip} 33309	Country US/	9		of Status Desired	ra\$:	5.00 Add e Required	itional d
6. Name and Address of Current Regis			Registered Agent	Name		7. Name and	Address of New R	egistered Ag	ent	
LEONARD	-). WILLIAN	4 R		Name						
LEONARD, WILLIAM R 633 SO ANDREWS AVENUE SUITE 402				Street	Street Address (P.O. Box Number is Not Acceptable)					
FORT LAU	JDERDALI	E, FL 33301-2857					•			
				City				FL	Zip Code	÷
	named entity tions of regist		the purpose of changing its	registered office of	or register	ed agent, or bo	oth, in the State of Flo	rida. Tam far	niliar with,	and accept
SIGNATURE										
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signs	ture required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State				
9.		MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS (CHANGES		
TITLE	MGR						AUUITIONS/			
NAME STREET ADDRESS	1		☐ Delete	TITLE	ME	īR ,			Change	Addition
CITY-ST-ZIP		ARRY JR.	☐ Delete	NAME	ME	R LA			Change	Addition
	1	ARRY JR. RAL RIDGE DRIVE UDERDALE, FL 33304	☐ Delete		KIE	NW53	RRY JR.		_ ,	Addition
TITLE	1	RAL RIDGE DRIVE	☐ Delete	NAME STREET ADDRESS	KIE	NW 53		1=1 3j	☐ Change 309 ☐ Change	Addition
TITLE NAME	1	RAL RIDGE DRIVE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KIE 1131 1500 MG. JOA	NW 53 P LOUD R R R R	RRY JR. TST. VERDALK,	1=1 3j	304	
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TITLE NAME STREET ADDRESS CHY-ST-ZIP	1	RAL RIDGE DRIVE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIE 1131 1500 1131	NW 53 PLAUD RINK NW 53	RRY JR. TST. VERDALK,	1=1 33 1 7 333	2309 □ Change	G Addition
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TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	RAL RIDGE DRIVE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIE 1131 1500 1131	NW 53 PLAUD RINK NW 53	ARY JR. 155. VERDALK, VEHSAT	<i>I=(33</i>]	3 09 ☐ Change ☐ Change	■ 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:

SIGNATURE AND TYPES OF PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/07 772-0075