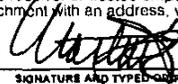


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90440 047 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F04000002406 1. Entity Name LFC EQUIPMENT, INC.						
Principal Place of Business 303 E. WACKER DRIVE 205 CHICAGO, IL 60601		Mailing Address 303 E. WACKER DRIVE 205 CHICAGO, IL 60601				
2. Principal Place of Business 303 E. Wacker Drive Suite, Apt. #, etc. 250		3. Mailing Address 303 E. Wacker Drive Suite, Apt. #, etc. 250				
City & State Chicago, IL		City & State Chicago, IL				
Zip 60601	Country USA	Zip 60601	Country USA			
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
4. FEI Number 01-0710773						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ZIMMERMAN, MARTIN E 303 E WACKER DR STE 205 CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DYCKMAN, REBECCA S 303 E WACKER DR STE 205 CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT Martin E. Zimmerman 303 E. Wacker Drive, Suite 250 Chicago, IL 60601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DYCKMAN, REBECCA S 303 E WACKER DR STE 205 CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rebecca S. Dyckman 303 E. Wacker Drive, Suite 250 Chicago, IL 60601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DYCKMAN, REBECCA S 303 E WACKER DR STE 205 CHICAGO, IL 60601	<input 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	S DYCKMAN, REBECCA S 303 E WACKER DR STE 205 CHICAGO, IL 60601	<input 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	S DYCKMAN, REBECCA S 303 E WACKER DR STE 205 CHICAGO, IL 60601	<input 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	S DYCKMAN, REBECCA S 303 E WACKER DR STE 205 CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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.						
SIGNATURE: 		Martin E. Zimmerman, President		4/ /2006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>		

50016028



04182006 Chg-P CR2E034 (11/05)