2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007253

1. Entity Name
LAND & EQUIPMENT PARTNERS, LLC

Principal Place of Business	Mailing Address
4070 S.E. MARICAMP ROAD OCALA, FL 34471-6319	4070 S.E. MARICAMP ROAD OCALA, FL 34471-6319

DO NOT WRITE IN THIS SPACE

02232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1126938
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, LEE
4070 S.E. MARICAMP ROAD
OCALA, FL 34471-6319

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BROWN, E. LEE JR.
STREET ADDRESS	4070 SE MARICAMP RD.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	WEEKS, GRADY
STREET ADDRESS	4851 W. HIGHWAY 40
CITY-ST-ZIP	OCALA, FL 34482
TITLE	MGRM
NAME	WEEKS, TIMOTHY
STREET ADDRESS	4851 W. HIGHWAY 40
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/04-80053-003 50.00

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11. 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 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: _____ Pres. 3/10/04 (352)694-2380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #