

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000007253

1. Entity Name  
LAND & EQUIPMENT PARTNERS, LLC



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

Mailing Address  
4070 S.E. MARICAMP ROAD  
OCALA, FL 34471-6319



01262005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1126938

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BROWN, E. LEE JR.  
4070 SE MARICAMP RD.  
OCALA, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
WEEKS, GRADY  
4851 W. HIGHWAY 40  
OCALA, FL 34482

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
WEEKS, TIMOTHY  
4851 W. HIGHWAY 40  
OCALA, FL 34482

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000288685  
04/05/05-80019-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

E. Lee Brown, Jr.

4/4/05

(352) 694-2380

Date

Daytime Phone #