2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 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

U00000490405
04/18/06-80054-007 50.00

02222006 No Chg-LLC CR2E083 (11/05)

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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, 2006

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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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: _____ 3/30/06 (352)694-2380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #