2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L01000016723

1. Entity Name C A EQUIPMENT, LLC

Principal Place of Business

2033 MAIN ST., STE. 600 SARASOTA, FL 34237 Mailing Address

2033 MAIN ST., STE. 600 SARASOTA, FL. 34237

Feb 03, 2004 08:00 AM Secretary of State



01292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1141487	Applied For	
00-1141407	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MYERS, TROY H JR ESQ 2033 MAIN ST., STE. 600 SARASOTA, FL 34237

SIGNATURE:

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	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
Fí D:	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS	-	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MYERS, TROY H JR 2033 MAIN ST., STE. 600 SARASOTA, FL 34237		U00000031718 02/04/04-80160-004 50.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		T NI	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not que on this report is true and accurate and that my signature shability company or the receiver or pustee empowered to exec	ualify for the exemption stated in Section 119.07(3)(i) all have the same legal effect as if made under oath; ute this report as required by Chapter 608, Florida S), Florida Statutes. I further certify that the information that I am a managing member or manager of the tatutes.