

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY 12 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020719			
1. Entity Name LLB EQUIPMENT, L.L.C.			
Principal Place of Business 4079 GLENHURST DRIVE, NORTH JACKSONVILLE, FL 32224		Mailing Address 4079 GLENHURST DRIVE, NORTH JACKSONVILLE, FL 32224	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 80-0021304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name <u>Brennan, Manna & Diamond P.L.C.</u> Street Address (P.O. Box Number is Not Acceptable) <u>76 South Lewis Street</u> <u>Suite 1700</u> City <u>Jacksonville</u> FL <u>32202</u>	
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 <u>Mike Freed</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/29/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHER, LISA L 4079 GLENHURST DRIVE, NORTH JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Lisa Bucher 4/29/04 904-223-0568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #