

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000017480</b>		
1. Entity Name EBT EQUIPMENT, LLC		
Principal Place of Business 819 S. FEDERAL HIGHWAY SUITE 300 STUART, FL 34994	Mailing Address 819 S. FEDERAL HIGHWAY SUITE 300 STUART, FL 34994	
<b>DO NOT WRITE IN THIS SPACE</b>		
		02242006 No Chg-LLC CR2E083 (11/05)
4. FEI Number 05-0522685		Applied For Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  JOHNSON, MICHAEL 819 S. FEDERAL HIGHWAY SUITE 300 STUART, FL 34994		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, MICHAEL P 819 S FEDERAL HIGHWAY, SUITE 300 STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, TERRY R 819 S FEDERAL HIGHWAY, SUITE 300 STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		2/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #