#### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000019441

1. Entity Name

AD EQUIPMENT, LLC

Principal Place of Business

Mailing Address

1400 N.W. 107TH AVENUE, 5TH FLOOR MIAMI, FL 33172 1400 N.W. 107TH AVENUE, 5TH FLOOR MIAMI, FL 33172

### FILED Apr 29, 2004 08:00 AM Secretary of State



03292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
47-0881478	_	Not Applicable
5. Certificate of Status Desired		.00 Additional

6. Name and Address of Current Registered Agent

KUBIT, DONALE E ESQ. 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131

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<ol> <li>The above named entity submits this statement for the purpose of chathe obligations of registered agent</li> </ol>	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, ar	nd accept
Signature typed or printed name of registered agent and otte if applicable	(NCTE Registered Agen) signalure required when reinstating)	DATE	<u></u> _

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

<del></del>	MANACINIC MEMBERS MANNACERS
9.	MANAGING MEMBERS/MANAGERS
TOLE	MGRM
NAME	ADLER, MICHAEL M
STREET ADDRESS:	1400 N.W 107TH AVENUE, 5TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
C174-57-21P	
TITLE	
NAME	
STREET ADDRESS	
CHY-ST-ZIP	
TITLE	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 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:	

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

el M. Adler 4/2

104 305-372-405

Daytime Phone #