

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002338

**FILED**  
**Jul 13, 2004**  
**Secretary of State**

**Entity Name:** WAVELAND EQUIPMENT LEASING, LLC

**Current Principal Place of Business:**

202 BIENVILLE DRIVE  
WAVELAND, MS 39576 US

**New Principal Place of Business:**

**Current Mailing Address:**

202 BIENVILLE DRIVE  
WAVELAND, MS 39576 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEINERS, LOUIS M JR.  
200 AVIATION DRIVE  
SUITE 2  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WAVELAND PHARMACY, L, LC  
Address: 202 BIENVILLE DRIVE  
City-St-Zip: WAVELAND, MS 39576 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LETELLIER, FRANK J  
Address: 202 BIENVILLE DRIVE  
City-St-Zip: WAVELAND, MS 39576 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANK LETELLIER

MGR

07/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date