
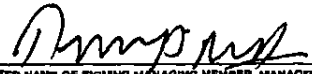


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/1

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90128 001 \*\*\*\*50.00

<b>DOCUMENT # L03000004030</b>					
<b>1. Entity Name</b> NT EQUIPMENT, LLC					
<b>Principal Place of Business</b> 12983 SOUTHERN BLVD., STE. 202 LOXAHATCHEE, FL 33470			<b>Mailing Address</b> 12983 SOUTHERN BLVD., STE. 202 LOXAHATCHEE, FL 33470		
<b>2. Principal Place of Business</b> 1157 SOUTH S.R. #7 Suite, Apt. #, etc.			<b>3. Mailing Address</b> 1157 SOUTH S.R. #7 Suite, Apt. #, etc.		
<b>City &amp; State</b> WELLINGTON, FL			<b>City &amp; State</b> WELLINGTON, FL		
<b>Zip</b> 33414		<b>Country</b> USA		<b>4. FEI Number</b> 59-3782913	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> TRIPURANENI, KRISHNA 12983 SOUTHERN BLVD., STE. 202 LOXAHATCHEE, FL 33470			<b>7. Name and Address of New Registered Agent</b> KRISHNA TRIPURANENI 1157 SOUTH S.R. #7 City: WELLINGTON FL Zip Code: 33414		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRISHNA TRIPURANENI		NAME		
STREET ADDRESS	1157 SOUTH S.R. #7		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>11. I hereby certify that the information supplied with this filing 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.</b>					
<b>SIGNATURE:</b> 			1-7-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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