

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000004030

1. Entity Name
NT EQUIPMENT, LLC



Principal Place of Business
1157 S. SR #7
WEST PALM BEACH, FL 33414

Mailing Address
1157 S. SR #7
WEST PALM BEACH, FL 33414



01032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 69-3782913 | 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

TRIPURANENI, KRISHNA
1157 SOUTH SR. #7
WEST PALM BEACH, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR TRIPURANENI, KRISHNA 1157 SOUTH SR #7 WELLINGTON, FL 33414 |
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01/11/07-80002-019 50.00

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1-8-2007 561-795-3330