

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000025955

1. Entity Name
EAST COAST EQUIPMENT LEASING & FINANCE LLC



Principal Place of Business
5157 NW 57 TERRACE
CORAL SPRINGS, FL 33067

Mailing Address
5157 NW 57 TERRACE
CORAL SPRINGS, FL 33067

DO NOT WRITE IN THIS SPACE



04142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
55-0840289

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHAYET, LEE M
5157 NW 57 TERRACE
CORAL SPRINGS, FL 33067

**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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHAYET, LEE
5157 NW 57 TERRACE
CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHAYET, TERRI
5157 NW 57 TERRACE
CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/01/06-80054-009 55.00

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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 #

4-12-06 954-341-2901