

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
04 MAY 17 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050547

1. Entity Name  
EDL EQUIPMENT, LLC



Principal Place of Business  
3850 BIRD ROAD, 2ND FLOOR  
CORAL GABLES, FL 33146

Mailing Address  
3850 BIRD ROAD, 2ND FLOOR  
CORAL GABLES, FL 33146

2. Principal Place of Business  
191 LOS PINOS CT  
Suite, Apt. #, etc.

3. Mailing Address  
191 LOS PINOS CT  
Suite, Apt. #, etc.

City & State  
Coral Gables, FL  
Zip Country

City & State  
Coral Gables, FL  
Zip Country

03082003 Chg-LLC CR2E083 (10/03)

4. FEI Number  
10-1088750

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HASNER, MARK M  
ONE S.E. 3RD AVENUE, SUITE 2400  
THERREL BAISDEN, P.A.  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 8, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
E. Daniel Lopez  
191 Los Pinos Court  
Coral Gables, FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
200037060232  
05/24/04--01113--001 \*\*50.00

TITLE  
NAME ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

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.

SIGNATURE:

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

Date

Daytime Phone #