


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90377 039 \*\*\*\*50.00

<b>DOCUMENT # L04000006462</b>	
1. Entity Name <b>HEAVENLY EQUIPMENT, LLC</b>	

Principal Place of Business <b>5435 SEA BISCUIT RD PALM BEACH GARDENS, FL 33418</b>	Mailing Address <b>5435 SEA BISCUIT RD PALM BEACH GARDENS, FL 33418</b>
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**300104J1**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0642778</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TERMOTTO, JOHN 5435 SEA BISCUIT RD PALM BEACH GARDENS, FL 33418</b>	
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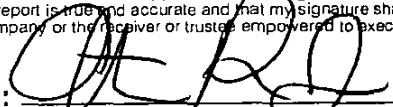
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 _____	(NOTE: Registered Agent signature required when resigning)	DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>Managing Member</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <b>John Termotto</b>	NAME		
STREET ADDRESS <b>5435 Sea Biscuit Road</b>	STREET ADDRESS		
CITY-ST-ZIP <b>Palm Beach Gardens, FL 33418</b>	CITY-ST-ZIP		
TITLE <b>Member</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <b>Amanda Termotto</b>	NAME		
STREET ADDRESS <b>5435 Sea Biscuit Road</b>	STREET ADDRESS		
CITY-ST-ZIP <b>Palm Beach Gardens, FL 33418</b>	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		

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 606, Florida Statutes.	
SIGNATURE: 	<b>Arthur Palermo Jr.</b> <b>C.P.A.</b> <b>7/5/05 (954) 252-9622</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #