



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90044 011 \*\*\*\*50.00

<b>DOCUMENT # L04000084212</b>					
<b>1. Entity Name</b> P.K. EQUIPMENT LEASING, LLC					
<b>Principal Place of Business</b> 4150 E. LONE MOUNTAIN ROAD CAVE CREEK, AR 85331			<b>Mailing Address</b> 4150 E. LONE MOUNTAIN ROAD CAVE CREEK, AR 85331		
<b>2. Principal Place of Business</b> 11811 N. Tatum Blvd. Suite, Apt. #, etc. #1080 City & State Phoenix, AZ Zip 85028		<b>3. Mailing Address</b> 11811 N. Tatum Blvd. Suite, Apt. #, etc. #1080 City & State Phoenix, AZ Zip 85028			
03202006    Chg-LLC    CR2E083 (11/05)		<b>4. FEI Number</b> 20-2625291		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required		<b>6. Name and Address of Current Registered Agent</b> GAY, L. LAMAR 633 TIMBERLANE ROAD TALLAHASSEE, FL 32312			
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		<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, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRITCHARD, LENN M 4150 E. LONE MOUNTAIN ROAD CAVE CREEK, AR 85331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11811 N. Tatum Blvd. #1080 Phoenix, AZ 85028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRITCHARD, KATHY K 4150 E. LONE MOUNTAIN ROAD CAVE CREEK, AR 85331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11811 N. Tatum Blvd. #1080 Phoenix, AZ 85028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> _____			3/21/06    602 494 8960		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					