

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041712

Entity Name: LP EQUIPMENT LEASING, LLC

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

206 N. MAIN
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2680
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 20-2769909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNONE, GREGORY L
206 N. MAIN
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

ARNONE, GREGORY L
206 N. MAIN AVENUE
LAKE PLACID, FL 33852 US

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.

SIGNATURE: GREGORY L. ARNONE

01/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARNONE, GREGORY L
Address: P. O. BOX 2680
City-St-Zip: LAKE PLACID, FL 33862 US

Title: MGRM () Delete
Name: ARNONE, GREGORY L
Address: P. O. BOX 2680
City-St-Zip: LAKE PLACID, FL 33862 US

Title: MGRM () Delete
Name: ARNONE, PAMELA S
Address: P. O. BOX 2680
City-St-Zip: LAKE PLACID, FL 33862 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY L. ARNONE

MGR

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date