


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-12-2006 90022 010 ****50.00

DOCUMENT # L05000085652	
1. Entity Name 2R EQUIPMENT LEASING, LLC	

Principal Place of Business 73 SOUTH PALM AVE. SUITE 223 SARASOTA, FL 34236	Mailing Address 73 SOUTH PALM AVE. SUITE 223 SARASOTA, FL 34236
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3384856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WAGNER, E. JOHN II 200 SOUTH ORANGE AVE. SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name <u>ANGUS ROGERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>73 S. PALM AVE</u> <u>SUITE 223</u> City <u>SARASOTA</u> FL <u>34236</u>
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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 <u>Angus C Rogers</u> <u>ANGUS C. ROGERS</u>	DATE <u>16 MAR 06</u>

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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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

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: <u>Angus C Rogers</u> <u>ANGUS C. ROGERS, pres</u>	Date <u>16 MAR 06</u> Daytime Phone # <u>941 362 9377</u>