## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000086625**

1. Entity Name

FRALIN CONSTRUCTION EQUIPMENT, LLC



Secretary of State

Principal Place of Business

752 COMMERCE DRIVE, SUITE 3 VENICE, FL 34292

Mailing Address

752 COMMERCE DRIVE, SUITE 3 VENICE, FL 34292



## DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC CR2E08

CR2E083 (11/05)

**FILED** 

Mar 09, 2007 08:00 AM

4. FEI Number 20-3399491 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

FRALIN, JAMES S 752 COMMERCE DRIVE, SUITE 3 VENICE, FL 34292

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat   | named entity submits this statement for the purpose of chains of registered agent. | anging its registered office or registered agent, or be      | oth, in the State of Florida. I am familiar with, and accept |
|--|--|--|--|
| SIGNATURE  Sgnature, typed or printed name of registered agent and titls if applicable. (NOTE: Registered Agent sonature required when reinstating).  DATE |  |  |  |
|  | Signature, typed or printed name of registered agent and titls if applicable.      | (NOTE: Registered Agent signature required when reinstating) | DATE   |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2007  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |  |  |
| TITLE  | PRES   |  |  |
| NAME   | FRALIN, JAMES S PRES   |  |  |
| STREET ADDRESS   | 752 COMMERCE DRIVE SUITE 3   | ı  |  |
| CITY-ST-ZIP  | VENICE, FL 34292   |  |  |
| TITLE  |  | -  | U00000660674   |
| NAME   |  |  | 03/20/07-80010-004 50.00                                     |
| STREET ADDRESS   |  |  | 03/20/01-00010-004 30.00                                     |
| CITY-\$T-ZIP   |  |  |  |
| TITLE  |  |  |  |
| NAME   |  |  |  |
| STREET ADDRESS   |  | DO   | NOT WRITE  |
| CITY-ST-ZIP  |  | J DO   | NOI WRITE  |
| TITLE  |  | INI '  | THIS SPACE   |
| NAME   |  | 114  | ITIIS SPACE  |
| STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP  |  |  |  |
| TITLE  |  |  |  |
| NAME   |  |  |  |
| STREET ADDRESS   |  | · <b>,</b>   |  |
| CITY-ST-ZIP  |  |  |  |

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/4/07

Daytime Phone #