2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCU	MENT	- # I	050	വവാ	13291
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1. Entity Name

PC EQUIPMENT LEASING LLC

Principal Place of Business

Mailing Address

308 EAST FIFTH AVENUE MOUNT DORA, FL 32757

308 EAST FIFTH AVENUE MOUNT DORA, FL 32757



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
20-3711977	Not Applicable
# Cortificate of Status Decired	 \$5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CLEMENT, G. EDWARD 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
SIGNATURE.	7. —		0.15			
Filling Fee is \$50.00 Due by May 1, 2007		(NOTE: Registered Agent signature required when reinstating)	<u> </u>			
			01/17/07-80096-002 50.00			
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POTTER, DEL G 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757		alle and the second of the sec			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEMENT, G. EDWARD 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757	manifestation of the second of	A series of the			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 .	IN 7	THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	·					
TITLE NAME STREET ADDRESS CITY_ST_ZIP						

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

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:

D. EM Cle

1/10/7 352.383.4186

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

Date

Daytime Phone #