2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000113668

1. Entity Name
C & D EQUIPMENT LLC



FILED Jan 08, 2008 08:00 A Secretary of State

Principal Place of Business

5351 NW 44TH AVE OCALA, FL 34482 Mailing Address

5351 NW 44TH AVE OCALA, FL 34482



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
20-3837319	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COBALT HOLDINGS LLC 4613 N. UNIVERSITY DRIVE SUITE # 182 CORAL SPRINGS, FL 33067

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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_	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE After May	! NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGR COBALT HOLDINGS LLC 4613 N.UNIVERSITY DRIVE SUITE # 182 CORAL SPRINGS, FL 33067		U00000775549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/08/08-80033-022 138.75	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS 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 of the legal effect as required by Chapter 608, Florida Statutes.

SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01-04-08

352-8616900

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