

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90304 041 ****50.00

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01292007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000000409 1. Entity Name LMK EQUIPMENT, LLC					
Principal Place of Business 1528 CORAL RIDGE DRIVE FORT LAUDERDALE, FL 33304			Mailing Address 1528 CORAL RIDGE DRIVE FORT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box # 1131 NW 55 ST.		3. Mailing Address 1131 NW 55 ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL		4. FEI Number 204042632	
Zip 33309		Country USA		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONARD, WILLIAM R 633 SO ANDREWS AVENUE SUITE 402 FORT LAUDERDALE, FL 33301-2857			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIEST, LARRY JR. 1523 CORAL RIDGE DRIVE FORT LAUDERDALE, FL 33304 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIEST, LARRY JR. 1131 NW 55 ST. FORT LAUDERDALE, FL 33309 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHN RINEHART 1131 NW 55 ST. FORT LAUDERDALE, FL 33309 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			2/20/07 954 772-0075 Date Daytime Phone #		