




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90143 050 *****55.00

DOCUMENT # L06000003788 1. Entity Name SGPQ EQUIPMENT COMPANY, LLC					
Principal Place of Business 3073 CECELIA DR. APOPKA, FL 32703			Mailing Address 3073 CECELIA DR. APOPKA, FL 32703		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03042007 Chg-LLC CR2E083 (12/06) 4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-4118473</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>	
City & State Zip Country		City & State Zip Country			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent PARKER, JOHN 3073 CECELIA DR. APOPKA, FL 32703			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	MGRM <input type="checkbox"/> Delete DAVID L. GOSS AND RONNIE GOSS AS TENANTS 715 CRICKLEWOOD TERRACE HEATH,	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete JOHN V. PARKER AND SUSAN M. PARKER AS TENA 3073 CECELIA DRIVE APOPKA, FL 32703	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete CK QUINSEY HOLDINGS, LTD. 1633 CHERRY RIDGE DRIVE HEATHROW, FL 32746	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete JON SWEET AND BETH SWEET AS TENANTS 1532 LANGHAM TERRACE HEATHROW, FL 32746	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		3-15-07		407 294-6026	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	