

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007039

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** STRATEGIC EQUIPMENT FINANCE, L.L.C.

**Current Principal Place of Business:**

MARION BLOCK BUILDING SUITE 305  
44 SE FIRST AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

1715 NW 114TH LOOP  
SUITE 2  
OCALA, FL 34475

**Current Mailing Address:**

MARION BLOCK BUILDING SUITE 305  
44 SE FIRST AVENUE  
OCALA, FL 34471

**New Mailing Address:**

1715 NW 114TH LOOP  
SUITE 2  
OCALA, FL 34475

**FEI Number:** 03-0579163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOYD, LYNN E  
MARION BLOCK BUILDING SUITE 305  
44 SE FIRST AVENUE  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

BOYD, LYNN E  
1715 NW 114TH LOOP  
SUITE #2  
OCALA, FL 34475 US

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.

SIGNATURE: \_\_\_\_\_

03/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BOYD, LYNN E  
Address: 1715 NW 114TH LOOP #2  
City-St-Zip: OCALA, FL 34475

Title: MEMB  
Name: BOYD, CHARLES C MEMBER  
Address: 1715 NW 114 TH LOOP #2  
City-St-Zip: OCALA, FL 34475 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LYNN E. BOYD

MEMB

03/26/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date