2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 14, 2008 8:00 am Secretary of State **DOCUMENT # L06000018437** 03-14-2008 90202 030 ***138.75 SOUTHEAST CRANE AND EQUIPMENT EXCHANGE, LLC Mailing Address Principal Place of Business 4675 HIGHWAY 60 WEST 4675 HIGHWAY 60 WEST The second secon MULBERRY, FL 33860 MULBERRY, FL 33860 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192008 CR2E083 (12/06) Cha-LLC City & State City & State 4. FEI Number Applied For 20-4419034 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR 313. TITLE □ Delete TITLE XI Change ☐ Addition NAME KEENE, KIP NAME STREET ADDRESS 4645 STATE ROAD 60 WEST 4675 HWY. 60 West STREET ADDRESS MULBERRY, FL '33680 CITY-ST-ZIP CITY-ST-7IP ST TITLE ☐ Delete TITLE ☐ Addition NAME KEENE, KIP STREET ADDRESS 4645 STATE ROAD 60 WEST 4675 HWY. 60 West STREET ADDRESS MULBERRY, FL 33680 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE - Delete - --TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 flability company or the repeiver or prustee empowered to execute this report as required by Chapter 608, Florida Statutes.

March 12,

2008

(813) 478-0002

Daytime Phone #

Kip Keene

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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SIGNATURE:

FILED