

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064837

Entity Name: CR EQUIPMENT, LLC

FILED
Aug 05, 2007
Secretary of State

Current Principal Place of Business:

17922 CAHET ISLE DRIVE
TAMPA, FL 33647

New Principal Place of Business:

17922 CACHET ISLE DRIVE
TAMPA, FL 33647

Current Mailing Address:

17922 CAHET ISLE DRIVE
TAMPA, FL 33647

New Mailing Address:

PO BOX 716
INDEPENDENCE, KY 41051

FEI Number: 87-0777784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REED, CHAD
Address: P.O. BOX 18401
City-St-Zip: ERLANGER, KY 41018

Title: MGR () Delete
Name: REED, ELLIE
Address: P.O. BOX 18401
City-St-Zip: ERLANGER, KY 41018

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REED, CHAD
Address: P.O. BOX 716
City-St-Zip: INDEPENDENCE, KY 41051

Title: MGR (X) Change () Addition
Name: REED, ELLIE
Address: P.O. BOX 716
City-St-Zip: INDEPENDENCE, KY 41051

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHAD REED

MGR

08/05/2007

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