

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90139 039 ***138.75

DOCUMENT # L06000066507					
1. Entity Name LEESBURG EQUIPMENT & PARTY RENTAL CENTER, LLC					
Principal Place of Business 4611 U.S. 27 S SEBRING, FL 33870 US			Mailing Address P.O. BOX 971 SEBRING, FL 33871 US		
2. Principal Place of Business - No P.O. Box # 800 N. 14th St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1009 N. 14th St <small>Suite, Apt. #, etc.</small>			
City & State Leesburg FL		City & State Leesburg FL		4. FEI Number 20-5161894	
Zip 34748		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLLINKA, DAVID J 3204 ALTERNATE 19 N PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name: WOLLINKA, DAVID J Street Address (P.O. Box Number is Not Acceptable): 1835 Health Care Drive City: Trinity FL Zip Code: 34655		
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: DATE: 1/30/08 <small>(NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, ROBERT D 1219 AYSHIRE STREET ORLANDO, FL 32803	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, LARRY W JR. P.O. BOX 971 SEBRING, FL 33871	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: 1/22/08 DAYTIME PHONE #: 863-385-2239 <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)</small>					