2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L06000070637 * 02-07-2007 90114 002 ****50.00 1. Entity Namo J. L. EQUIPMENT, L.L.C. Principal Place of Business Mailing Address 10562 NEW KINGS RD. 10562 NEW KINGS RD. JACKSONVILLE FL 32219 JACKSONVILLE FL 32219 3. Mailing Address 2 Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-517-85 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEPRELL, SAMUEL L Street Address (P.O. Box Number is Not Acceptable) 1930 SAN MARCO BLVD. SUITE 201, ST. MARK'S PLACE JACKSONVILLE FL 32207 City 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 Squarure, type-discrimited name or registered against and trife is anoticable (NOTE: Registered Agent signature recoved when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 .MANAGING,MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE Delete THEE ☐ Change ☐ Addition MGR NAM HAME BENNETT, JUDSON B STREET ADDRESS STREET ADDRESS 10562 NEW KINGS RD. CITY-S1-7IP CITY - ST - ZIP JACKSONVILLE FL 32219 Defete Addition IIILE MGR HILE ☐ Change NAME GEIGER, LORIN L NAME STREET ADDRESS STREET ADDRESS 10562 NEW KINGS RD. CHY-ST-7P CITY ST ZIP JACKSONVILLE FL 32219 ☐ Delete TITLE ☐ Change Addition THE NAME STREET ADDRÉSS STREET ADDRESS CITY - S1-7IP CITY-ST-7IP Detete TITLE ☐ Addition ☐ Change ITTLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - 51- ZIP CITY-SF-ZIP ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-SI-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dayine Phore

FILED

Feb 27, 2007 8:00 am