FILED
Jun 11, 2007 8:00 am
Secretary of State

4/:

04-30-2007 90047 009 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000116557

1. Entity Name
PROFESSIONAL EQUIPMENT, LLC

30010448

Principal Place of Business	Mailing Address
7 W. 91/2 MILE ROAD PENSACOLA, FL 32514	7 W. 91/2 MILE ROAD PENSACOLA, FL 32514
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5991618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARRIBALL, CRAIG A 7 W. 91/2 MILE ROAD PENSACOLA, FL 32514	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.

SIGNATURE Craig A Barriball 4/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MEMBER OWNER~~ CRAIG BARRIBALL 10535 TARA DAWN CIR Pensacola FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER CRAIG BARRIBALL 10535 TARA DAWN CIR Pensacola, FL 32534	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MEMBER OWNER~~ CAROLYN BARRIBALL 10535 TARA DAWN CIR Pensacola FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANANGING MEMBER CAROLYN BARRIBALL 10535 TARA DAWN CIR Pensacola FL 32534	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Craig Barriball 5/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #