## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000060571

Name:

Address:

City-St-Zip:

CARY, DAWN

10145 COUNTY RD 117

OXFORD, FL 34484

Entity Name: HF EQUIPMENT LEASING, LLC

FILED May 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13553 HWY US 441 4411 NE 83RD ROAD LADY LAKE, FL 32159 WILDWOOD, FL 34785 **Current Mailing Address: New Mailing Address:** 13553 HWY US 441 4411 NE 83RD ROAD LADY LAKE, FL 32159 WILDWOOD, FL 34785 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: HEARNS, DARREN HEARNS, DARREN 13553 HWY US 441 1868 SE 85TH STREET ROAD LADY LAKE, FL 32159 US OCALA, FL 34480 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: 05/30/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HEARNS, DARREN Name: Name: Address: 1868 SE 85TH STREET ROAD Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HEARNS, ELDENE L Name: Address: 1596 BLACK LAKE DRIVE Address: City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HEARNS, DANIEL Name: Name: Address: 12276 CR 227 Address: City-St-Zip: OXFORD, FL 34484 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DARREN A HEARNS MGR 05/30/2008