
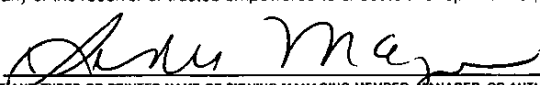


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90105 025 \*\*\*\*50.00

DOCUMENT # M02000001537						
<b>1. Entity Name</b> H&E EQUIPMENT SERVICES L.L.C.						
<b>Principal Place of Business</b> 11100 MEAD, 2ND FLOOR BATON ROUGE, LA 70816			<b>Mailing Address</b> 11100 MEAD, 2ND FLOOR BATON ROUGE, LA 70816			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		<b>4. FEI Number</b> 72-1287046		
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	H&E HOLDINGS L.L.C.			NAME		
STREET ADDRESS	11100 MEAD, 2ND FLOOR			STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70816			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGQUIST, JOHN M CEO			NAME		
STREET ADDRESS	11100 MEAD ROAD, 2ND FLOOR			STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70816			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAGLEY, GARY W CHAIR			NAME		
STREET ADDRESS	4899 WEST 2100 SOUTH			STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY, UT 84120			CITY-ST-ZIP		
TITLE	MGR <input checked="" type="checkbox"/> Delete			TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, LINDSAY C CFO			NAME	MAGEE, LESLIE CFO	
STREET ADDRESS	4899 WEST 2100 SOUTH			STREET ADDRESS	11100 MEAD ROAD, 2ND FLOOR	
CITY-ST-ZIP	SALT LAKE CITY, UT 84120			CITY-ST-ZIP	BATON ROUGE, LA 70816	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOX, WILLIAM W VP			NAME		
STREET ADDRESS	11100 MEAD ROAD, 2ND FLOOR			STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70816			CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, JOHN D			NAME		
STREET ADDRESS	11100 MEAD ROAD, 2ND FLOOR			STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70816			CITY-ST-ZIP		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>						
<b>SIGNATURE:</b> 				4/28/05		225-298-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #