2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# M02000001898

Entity Name: ACCESS EQUIPMENT, LLC

Current Principal Place of Business:

6525 MARBUT RD.
LITHONIA, GA 30058 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 189
LITHONIA, GA 30058 US

New Mailing Address:

FEI Number: 04-3689828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: C ( ) Delete
Name: CRAMER, JOHN
Address: PO BOX 189
City-St-Zip: LITHONIA, GA 30058

Title: V ( ) Delete
Name: GIBBS, ED
Address: PO BOX 189
City-St-Zip: LITHONIA, GA 30058

Title: P ( ) Delete
Name: KLASSONS, FRANK
Address: PO BOX 189
City-St-Zip: LITHONIA, GA 30058

ADDITIONS/CHANGES:

Title: C (X) Change ( ) Addition
Name: CRAMER, JOHN C MR.
Address: PO BOX 189
City-St-Zip: LITHONIA, GA 30058

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JOHN CRAMER C 03/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date