


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000002185</b> 1. Entity Name <b>EQUIPMENT FINANCE LLC</b>	
--	---

Principal Place of Business <b>101 N. POINTE BLVD. LANCASTER, PA 17601</b>	Mailing Address <b>PO BOX 5366 LANCASTER, PA 17606</b>
---	---



03152005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0068662</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2005**

U00000270249

03/19/05 00043 020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANER, GEORGE W 101 N. POINTE BLVD. LANCASTER, PA 17601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLAGER, MICHAEL J 101 N. POINTE BLVD. LANCASTER, PA 17601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAAS, JOSEPH M 101 N. POINTE BLVD. LANCASTER, PA 17601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GRANER, GEORGE W 101 N. POINTE BLVD. LANCASTER, PA 17601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHLAGER, MICHAEL J 101 N. POINTE BLVD. LANCASTER, PA 17601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAAS, JOSEPH M 101 N. POINTE BLVD. LANCASTER, PA 17601

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Mary C. Musser, Sec/Treas 3/16/05 717-569-8761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #