2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000002185

1. Entity Name
EQUIPMENT FINANCE LLC

Principal Place of Business	Mailing Address
101 N. POINTE BLVD. LANCASTER, PA 17601	PO BOX 5366 LANCASTER, PA 17606

01252006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0068662

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

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02/24/06-80027-013 50.00

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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: Mary C. Musser, Sec/Treas 2/8/06 717-569-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #