

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003206

Entity Name: KEMIRON EQUIPMENT, LLC

FILED
May 30, 2006
Secretary of State

Current Principal Place of Business:

ELBA ISLAND ROAD, KERR MCGEE GATE #2
SAVANNA, GA 31402

New Principal Place of Business:

316 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830

Current Mailing Address:

ELBA ISLAND ROAD, KERR MCGEE GATE #2
SAVANNA, GA 31402

New Mailing Address:

316 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830

FEI Number: 06-1675985 FEI Number Applied For () FEI Number Not Applicable () 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:

MARKER, JOHN P
316 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 338308727 US

Name and Address of New Registered Agent:

MARKER, JOHN
316 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 338308727 US

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: JOHN MARKER

05/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARKER, JOHN P
Address: 316 BARTOW MUNICIPAL AIRPORT
City-St-Zip: BATROW, FL 338308727

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARKER, JOHN P
Address: 316 BARTOW MUNICIPAL AIRPORT
City-St-Zip: BARTOW, FL 338308727

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 MARKER

MR.

05/30/2006

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