

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90173 024 \*\*\*\*50.00

**DOCUMENT # L01000012516**

1. Entity Name  
**MOBILITY PRODUCTS UNLIMITED, LLC**



Principal Place of Business  
 1757 N. NOVA RD., STE. 104  
 HOLLY HILL, FL 32117

Mailing Address  
 1757 N. NOVA RD., STE. 104  
 HOLLY HILL, FL 32117

**24023471**



2. Principal Place of Business  
**245 Riverside Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 9850**  
 Suite, Apt. #, etc.

03092004 Chg-LLC CR2E083 (10/03)

City & State  
**Holly Hill, FL**

City & State  
**Daytona Beach, FL**

4. FEI Number  
**59-3391559**

Applied For  
 Not Applicable

Zip  
**32117**

Country  
**USA**

Zip  
**32120**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PALMETTO CHARTER SERVICES, INC.**  
**150 MAGNOLIA AVE.**  
**DAYTONA BEACH, FL 32115-2491**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2004**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE **MGR**  Delete  
 NAME **DYLEWSKI, BRYAN**  
 STREET ADDRESS **1757 N. NOVA RD., STE. 104**  
 CITY-ST-ZIP **HOLLY HILL, FL 32117**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **245 Riverside Drive**  
 CITY-ST-ZIP **Holly Hill, FL 32117**

TITLE **MGR**  Delete  
 NAME **WARD, JOHN**  
 STREET ADDRESS **1757 N. NOVA ROAD, SUITE 104**  
 CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **245 Riverside Drive**  
 CITY-ST-ZIP **Holly Hill, FL 32117**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
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 CITY-ST-ZIP

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Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*[Handwritten Signature]*

**3/10/04**

Date

**386-255-2384**

Daytime Phone #