


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000002763**  
 1. Entity Name  
 NEW ACTON MOBILE INDUSTRIES LLC



Principal Place of Business 8007 CORPORATE DR. A BALTIMORE, MD 21236	Mailing Address 8007 CORPORATE DR. A BALTIMORE, MD 21236
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01092006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0105257	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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

**Filing Fee is \$50.00 Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOFF, LAURENS 520 MADISON AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLYNN, GREG 520 MADISON AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOSSETT, BARRY P 3300 EASTERN BLVD. BALTIMORE, MD 21220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELAPLAINE, GEORGE B JR 244 W. PATRICK STREET FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

01.25/06-80003-013 50.00

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: William O. Jensen III 1/9/06 410-931-9100-140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #