

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012516

FILED
Apr 28, 2005
Secretary of State

Entity Name: MOBILITY PRODUCTS UNLIMITED, LLC

Current Principal Place of Business:

245 RIVERSIDE DRIVE
HOLLY HILL, FL 32117

New Principal Place of Business:

2400 S RIDGEWOOD AVE
SUITE 48
SOUTH DAYTONA, FL 32119 US

Current Mailing Address:

PO BOX 9850
HOLLY HILL, FL 32117

New Mailing Address:

PO BOX 9850
DAYTONA BEACH, FL 32120

FEI Number: 59-3391559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 321152491 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DYLEWSKI, BRYAN
Address: 245 RIVERSIDE DRIVE
City-St-Zip: HOLLY HILL, FL 32117

Title: MGR () Delete
Name: WARD, JOHN
Address: 245 RIVERSIDE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DYLEWSKI, BRYAN
Address: 2400 S RIDGEWOOD AVE, STE 48
City-St-Zip: SOUTH DAYTONA, FL 32120

Title: MGR (X) Change () Addition
Name: WARD, JOHN
Address: 2400 S RIDGEWOOD AVE, STE 48
City-St-Zip: SOUTH DAYTONA, FL 32120

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRYAN DYLEWSKI

CEO

04/28/2005

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