
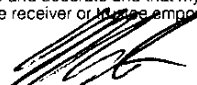


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90200 037 \*\*\*\*50.00

<b>DOCUMENT # L02000006408</b> 1. Entity Name <b>MOBILE FUNDING, LLC</b>			
Principal Place of Business <b>1311 COMMERCE LANE</b> <b>18</b> <b>JUPITER, FL 33458</b>		Mailing Address <b>1311 COMMERCE LANE</b> <b>18</b> <b>JUPITER, FL 33458</b>	
2. Principal Place of Business <b>1311 Commerce Lane</b>		3. Mailing Address <b>1311 Commerce Lane</b>	
Suite, Apt. #, etc. <b>#14</b>		Suite, Apt. #, etc. <b>#14</b>	
City & State <b>Jupiter, FL</b>		City & State <b>Jupiter, FL</b>	
Zip <b>33458</b>		Zip <b>33458</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>04-3621592</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional--</b> <b>Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREENE, MARK</b> <b>1311 COMMERCE LANE</b> <b>18</b> <b>JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, MARK H 1311 COMMERCE LANE #18 JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBSON, WILLIAM C 1311 COMMERCE LANE #14 JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBSON, WILLIAM C 1311 COMMERCE LANE #14 JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBSON, WILLIAM C 1311 COMMERCE LANE #14 JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBSON, WILLIAM C 1311 COMMERCE LANE #14 JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBSON, WILLIAM C 1311 COMMERCE LANE #14 JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		<b>3/9/06</b> <b>561-748-2666</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	