


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000018711
 1. Entity Name
MOBILITY UNLIMITED I, LLC



Principal Place of Business
**4984 WEST ATLANTIC BLVD.
 MARGATE, FL 33063**

Mailing Address
**4984 WEST ATLANTIC BLVD.
 MARGATE, FL 33063**



01162006 No Chg-LLC CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 11-3643813 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
**SHOMAR ACCOUNTING, P.A.
 7777 NW 146 ST
 MIAMI LAKES, FL 33016**

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

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

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SAADE, WILLIAM 4984 WEST ATLANTIC BLVD. MARGATE, FL 33063 |
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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 Sade **William SADE** 01/16/06 954-917-7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #