


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-14-2006 90093 007 \*\*\*\*50.00

<b>DOCUMENT # L04000071049</b> 1. Entity Name <b>MOBILITY RESPIRATORY, LLC</b>	
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Principal Place of Business <b>2400 S RIDGEWOOD AVE SUITE 48 SOUTH DAYTONA, FL 32119</b>	Mailing Address <b>PO BOX 9850 DAYTONA BEACH, FL 32120</b>
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2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  <b>MOBILITY PRODUCTS UNLIMITED, LLC 2400 S. RIDGEWOOD AV., SUITE 48 SOUTH DAYTONA, FL 32119</b>	
City & State		City & State	
Zip	Country	Zip	Country

07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1687594</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOBILITY PRODUCTS UNLIMITED, LLC 2400 S RIDGEWOOD AVE, SUITE 48 S DAYTONA, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

**SIGNATURE:**  **Michael Thomas Lops** **7/6/06** **386-255-2388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT  
**MOBILITY**  
PRODUCTS•UNLIMITED,LLC

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Elaina Ricci  
Specialist- Legal

10 July 2006

20649125

# 604000071049

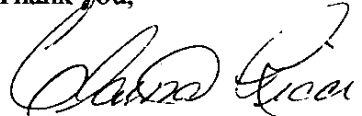
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

Dear Department of Corporations:

Please find enclosed the 2006 Limited Liability Company Annual Report for Mobility Respiratory, LLC and the check for \$50 filing fee.

Thank you for your prompt attention in processing our 2006 Annual Report. If there are any questions or concerns please contact Elaina Ricci @ 1-888-224-2482 extension #2531.

Thank you,



Elaina Ricci