

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012599

FILED
May 18, 2006
Secretary of State

Entity Name: FLORIDA MOBILE SPEEDOMETER TESTING, LLC

Current Principal Place of Business:

12333 TWIN POND LANE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56123
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 35-2247091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPAULDING, TIMOTHY E
12333 TWIN POND LANE
JACKSONVILLE, FL 32218 US

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/MANAGERS:

Title: MGRM () Delete
Name: SPAULDING, TIMOTHY E
Address: 12333 TWIN POND LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM () Delete
Name: SMITH, RUSSELL G
Address: 10097 DELANO DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM () Delete
Name: SPAULDING, LORI D
Address: 12333 TWIN POND LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JO HAGAN

CPA

05/18/2006

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