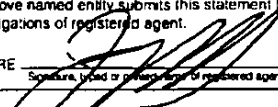
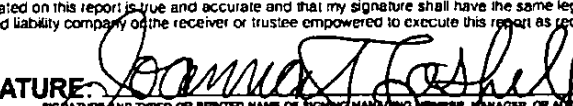


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-02-2006 90033 035 ****50.00

DOCUMENT # L05000078357			
1. Entity Name MOBILITY TITLE, LLC			
Principal Place of Business 2917 WEST STATE ROAD 434 SUITE 121 LONGWOOD, FL 32779 US		Mailing Address 2917 WEST STATE ROAD 434 SUITE 121 LONGWOOD, FL 32779 US	
2. Principal Place of Business 1000 N Magnolia Ave Suite, Apt. #, etc. City & State Orlando, FL Zip 32803 Country USA		3. Mailing Address 1000 N Magnolia Ave Suite, Apt. #, etc. City & State Orlando, FL Zip 32803 Country USA	
4. FEI Number 20-3280879		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYALL, HARDIN J III 2917 WEST STATE ROAD 434 SUITE 121 LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 N. Magnolia Ave # B C City Orlando FL Zip Code 32803	
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	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNG, CHARLIE 2744 CYPRESS HEAD TRAIL OVIEDO, FL 32785 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Ptr. Gaskill, Joanna 42114 W. Lakeview Dr Altamonte, FL 32702 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		Date 6/17/06 Daytime Phone #	