## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Aug 02, 2007 08:00 AN Secretary of State DOCUMENT # L05000105348 1. Entity Name: DEVELOPER, OPERATOR, MOBILE SERVICES LLC Principal Place of Business Mailing Address 9600 BLOCK TOWER RIDGE ROAD 223 N. GARRARD PENSACOLA FL 32526 RANTOUL IL 61866 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E083 (4/07) 2nd MOORE City & State 4. FEI Number City & State Applied For 04-3830877 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement tog 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. (NOTE Registered Agent signature required when reinstating) a interest arrest and title diagnification FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State U00000771257 Due By September 5, 2007 08/02/07-80004-017 50.00 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR 1111 8 ☐ Delete TITLE ☐ Change ☐ Addition MAME SPECCHIO, M.J. SAME STREET ADDRESS 233 N. GARRARD STREET ADDRESS RANTOUL IL 61866 CITY- ST-ZIP CITY-ST-ZIP NTLE Oelele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CATY - ST-71P TITLE ☐ Delete THEE ☐ Change ☐ Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City St- 782 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

Davtime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE