
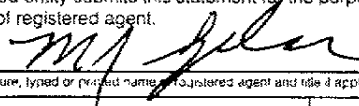



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000105348 1. Entity Name DEVELOPER, OPERATOR, MOBILE SERVICES LLC					
Principal Place of Business 9600 BLOCK TOWER RIDGE ROAD PENSACOLA FL 32526			Mailing Address 223 N. GARRARD RANTOUL IL 61866		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. City & State		3. Mailing Address Suite, Apt #, etc. City & State		4. FEI Number 04-3830877 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  <div style="text-align: right; font-size: small;"> DATE </div>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPECCHIO, M.J. 233 N. GARRARD RANTOUL IL 61866	<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:  <div style="text-align: right; font-size: small;"> Date Daytime Phone # </div>					