

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90144 050 ****55.00

DOCUMENT # L05000113200 1. Entity Name MOBILE MANAGEMENT GROUP, LLC			
Principal Place of Business 206 S. LAKE MARIAM DRIVE WINTER HAVEN, FL 33884		Mailing Address 206 S. LAKE MARIAM DRIVE WINTER HAVEN, FL 33884	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc 2889 Pondview Dr		Suite, Apt. #, etc 2889 Pondview Dr	
City & State Haines City, FL		City & State Haines City, FL	
Zip 33844		Zip 33844	
Country POK		Country POK	
4. FEI Number 07262006		Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FIELDS, ALAN B 1195 CHERRYSTONE COURT NAPLES, FL 34102		7. Name and Address of New Registered Agent Name LAWRENCE W MONTANUS Street Address (P.O. Box Number is Not Acceptable) 2889 Pondview Dr City Haines City FL Zip Code 33844	
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 LAWRENCE W MONTANUS, CEO 7/26/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEO <input type="checkbox"/> Delete MONTANUS, LAWRENCE W 2889 PONDVIEW DRIVE HAINES CITY, FL 33844	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM <input type="checkbox"/> Delete TATE, CHARLES R 206 S. LAKE MARIAM DRIVE WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete FIELDS, ALAN B 1195 CHERRYSTONE COURT NAPLES, FL 34102	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
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: L. W. MONTANUS 7/26/06 (863) 439-3410 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			