2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF

Mar 14, 2006 8:00 am Secretary of State DOCUMENT # L05000118274 03-14-2006 90204 011 ****55.00 ALL FLORIDA MOBILE HOME TITLE SERVICE LLC Principal Place of Business Mailing Address 7023 GIBSONTON DRIVE 10915 LANI LANE GIBSONTON, FL 33534 LITHIA, FL 33547 2. Principal Place of Business 3. Mailing Address 10915 Lani 1 10915 <u>-an (</u> Suite, Apt. #, etc Suite, Apt. #, etc. 03082006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 75 *- 32*0520 8 Not Applicable 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 Name HOGAN, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 10915 LANI LANE LITHIA, FL 33547 Zip Code 8. The above named taterfent 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 g DEAN SIGNATURE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Addition TITLE Detete ☐ Change HOGAN, JEFFREY S NAME NAME STREET ADDRESS 10915 LANI LANE STREET ADDRESS LITHIA, FL 33547 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY. ST. 7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information sy indicated on this report is true and relimited liability company or

FILED