

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082420

FILED
Jan 11, 2008
Secretary of State

Entity Name: MOBILITY SOLUTIONS NETWORK, LLC

Current Principal Place of Business:

11250 OLD ST. AUGUSTINE ROAD
SUITE 15-241
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

11250 OLD ST. AUGUSTINE ROAD
SUITE 15-241
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 26-1105148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKES, LESLIE A
501 RIVERSIDE AVE.
EVERBANK PLAZA, 7TH FLOOR
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MENDEL, MARILYN
Address: 11250 OLD ST. AUGUSTINE ROAD, SUITE 15-241
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM () Delete
Name: MANN, RICK
Address: 11250 OLD ST. AUGUSTINE ROAD, SUITE 15-241
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARILYN MENDEL

MGR

01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date