

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002256

FILED
Apr 30, 2004
Secretary of State

Entity Name: MOBILITY FINANCIAL LLC

Current Principal Place of Business:

260 MERRIMAC STREET 4TH FLOOR
NEWBURYPORT, MA 01950

New Principal Place of Business:

Current Mailing Address:

260 MERRIMAC STREET 4TH FLOOR
NEWBURYPORT, MA 01950

New Mailing Address:

FEI Number: 04-3561687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGR () Delete
Name: RUNNION, TIMM T
Address: 497 1/2 MAIN ST.
City-St-Zip: AMESBURY, MA 01903

Title: MGR () Delete
Name: FERRIS, JOHN R
Address: 266 WATER ST.
City-St-Zip: NEWBURY PROT, MA 01950

Title: MGR (X) Delete
Name: BERTON, DAVID
Address: 3 OLDE TOWN WAY
City-St-Zip: NEWBURY, MA 01951

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: FERRIS, JOHN R
Address: 266 WATER ST.
City-St-Zip: NEWBURYPORT, MA 01950

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMM RUNNION

CEO

04/30/2004

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