

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # M03000002763

1. Entity Name
NEW ACTON MOBILE INDUSTRIES LLC



Principal Place of Business

8007 CORPORATE DR.
A
BALTIMORE, MD 21236

Mailing Address

8007 CORPORATE DR.
A
BALTIMORE, MD 21236



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0105257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOFF, LAURENS
STREET ADDRESS	520 MADISON AVENUE
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	FLYNN, GREG
STREET ADDRESS	520 MADISON AVENUE
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	GOSSETT, BARRY P
STREET ADDRESS	3300 EASTERN BLVD.
CITY- ST- ZIP	BALTIMORE, MD 21220
TITLE	MGR
NAME	DELAPLAINE, GEORGE B JR
STREET ADDRESS	244 W. PATRICK STREET
CITY- ST- ZIP	FREDERICK, MD 21701
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William O. Jensen III

1/9/06

410-931-9100-140