

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004184

Entity Name: MOBILEHWY, LLC

FILED
Feb 05, 2004
Secretary of State

Current Principal Place of Business:

4651 CHARLOTTE PARK DRIVE, SUITE 101
CHARLOTTE, NC 28217

New Principal Place of Business:

Current Mailing Address:

4651 CHARLOTTE PARK DRIVE, SUITE 101
CHARLOTTE, NC 28217

New Mailing Address:

FEI Number: 35-2188555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WACHHOLZ, MICHAEL S
2700 RIVERSIDE AVENUE, SUITE 7
JACKSONVILLE, FL 32205 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: CRUTCHFIELD, EDWARD E
Address: 4651 CHARLOTTE PARK DRIVE, SUITE 101
City-St-Zip: CHARLOTTE, NC 28217

Title: MGR () Delete
Name: CRUTCHFIELD, E. ELLIOT JR
Address: 4651 CHARLOTTE PARK DRIVE, SUITE 101
City-St-Zip: CHARLOTTE, NC 28217

Title: MGR () Delete
Name: WATKINS, PAUL C
Address: 4651 CHARLOTTE PARK DRIVE, SUITE 101
City-St-Zip: CHARLOTTE, NC 28217

ADDITIONS/CHANGES:

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

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 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: PAUL C. WATKINS

MGR

02/05/2004

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