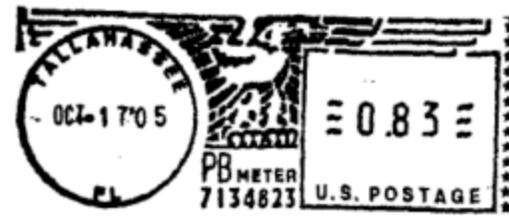


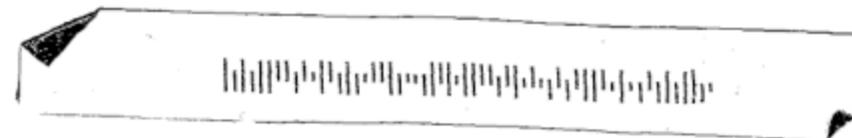
STATE OF FLORIDA
Department of Highway Safety and Motor Vehicles
NEIL KIRKMAN BLDG. TALLAHASSEE, FLORIDA 32399-0500



FROM
DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES
KIRKMAN BLDG., 2900 APALACHEE PKWY.
TALLAHASSEE, FLORIDA 32399-0500

HIGHWAY PATROL ADM. SERVICES
DRIVER LICENSES MOTOR VEHICLES

FOR
TOWN OF PALM BEACH POLICE DEPT
345 AIUTH COUNTY ROAD
PALM BEACH FLORIDA 33480-4443
ATTENTION: [REDACTED]





TOWN OF PALM BEACH POLICE DEPARTMENT

A NATIONAL AND STATE ACCREDITED LAW ENFORCEMENT AGENCY



Law Enforcement Request(s) for Certified/Plain copies of motor vehicle/vessel records

To: DMV Representative: [REDACTED]
DMV Photocopy Unit
Division of Motor Vehicles
Neil Kirkman Building, Room A126B, MS# 73
Tallahassee, FL 32399-0624
Office Number [REDACTED]
Fax Number [REDACTED]

Date of Request: 02/20/03

Contact Person: [REDACTED]

Fax Number: [REDACTED] Office Number: [REDACTED]

1) Vehicle Description: **UNKNOWN**

Year: Make: Title:
VIN/HULL #: [REDACTED]
FL Temporary Tag: [REDACTED]
Name Check: DOB:

Comments: REQUEST: CERTIFIED BODY FILE ON ABOVE VEHICLES.
THANK YOU IN ADVANCE FOR YOUR EFFORTS AND TIMELY RESPONSE!



OCT 13 2005



State of Florida
**DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES**

TALLAHASSEE, FLORIDA 32399-0500

FRED O. DICKINSON
Executive Director

October 14, 2005

CERTIFICATION

I, Carl A. Ford, Director, Division of Motor Vehicles of the State of Florida hereby certify that I am the Custodian of Motor Vehicle Records of this Department and that a search has been made pertaining to:

2004 DODG., PK

VIN # [REDACTED]

TITLE # [REDACTED]

Attached hereto are copies of the records of the aforesaid vehicle, which are the exact copies of the motor vehicle records as shown on file in this office. This file consists of 11 pages.

Tallahassee, Florida
I, Carl A. Ford, Director, Division
of Motor Vehicles of the State of Florida
hereby certify that this is a true and
correct copy of the Motor Vehicle record
on this file in this office.



Carl A. Ford

I, Carl A. Ford, Director
Division of Motor Vehicles
Dept. Of Highway Safety and
and Motor Vehicles

VEHICLE INFO

VEHICLE ID NUM: [REDACTED]
VEHICLE TYPE: AU NET WEIGHT: 4549 YEAR MAKE: 2004
ODOMETER MILES: 20 GVW: VEHICLE MAKE: DODG
ODOMETER STATUS: A VEHICLE USE: P BODY: PK
ODOMETER TYPE: M FUEL TYPE: G INHOUSE MAKE:
ODOMETER DATE: 10/03/2004 MAJOR COLOR: RED MINOR COLOR:

TITLE INFO

TITLE NUMBER: [REDACTED] PENDING: NO CANCEL DATE:
ISSUE DATE: 04/07/2005 CANCEL STATE: FL
SALVAGE TYPE: LIEN MAINTENANCE ONLY EFS STATUS:
TITLE STATUS: ELT STATUS: E

BRAND INFO

BRAND CODE: NO BRANDS ON FILE BRAND DATE:

OWNER INFO

FEID/DL NUMBER: [REDACTED] OWNER NUMBER: 1
BIRTH DATE/SEX: [REDACTED] RES COUNTY: 8
OWNER NAME: [REDACTED]
OWNER ADDR: [REDACTED] EDGEWATER, FL 32141

OR
FEID/DL NUMBER: [REDACTED] OWNER NUMBER: 2
BIRTH DATE/SEX: [REDACTED] RES COUNTY: 8
OWNER NAME: [REDACTED]
OWNER ADDR: [REDACTED] EDGEWATER, FL 32141

LEGAL OWNERSHIP:

REGISTRATION INFO

LICENSE PLATE: [REDACTED] DECAL NUMBER: [REDACTED]
PLATE CODE: RGR DECAL YEAR: 2005
ISSUE DATE: 10/26/2004 ISSUE DATE: 10/26/2004
ARF CREDIT: 2.00 EXPIRE DATE: 10/14/2005
REG USE: PK UNIT NUM/FLEET:
CLASS CODE: 031 LOCATION CODE:
COMMENTS:

REGISTRANT INFO

FEID/DL NUMBER: [REDACTED] REGISTRANT NUM: 1
REGIS. DOB/SEX: [REDACTED] RES COUNTY: 8
REGISTRANT NAME: [REDACTED]
REGISTRANT ADDR: [REDACTED] EDGEWATER, FL 32141

FEID/DL NUMBER: [REDACTED] REGISTRANT NUM: 2
REGIS. DOB/SEX: [REDACTED] RES COUNTY: 8
REGISTRANT NAME: [REDACTED]
REGISTRANT ADDR: [REDACTED] EDGEWATER, FL 32141

LIEN HOLDER INFO

FEID/DL NUMBER: [REDACTED] LIEN NUMBER: 1
LIEN DOB/SEX: [REDACTED] RES COUNTY: 19
LIEN DATE: 03/11/2005 ELT FLAG: T
LIEN HLDR NAME: KENNEDY SPACE CENTER FEDERAL CREDIT UNION
LIEN HLDR ADDR: [REDACTED]
MERRITT ISLAND, FL 32952

LEIPLATE OF TITLE AND/OR REGISTRATION

COUNTY AGY# SUB# REPORT#
 19 2 EAR 1640
 L# 669816

T# [REDACTED]
 B# [REDACTED]
 R# [REDACTED]

2

DECAL NUMBER [REDACTED] DECAL YR ISSUED [REDACTED] BIRTHDATE [REDACTED] EXPIRES [REDACTED] TRANS CODE [REDACTED] INSURANCE [REDACTED] PLATE [REDACTED] RESIDENT [REDACTED] COUNTY RES # [REDACTED] DATE OF ISSUE [REDACTED] PLATE NUMBER OR FLORIDA # [REDACTED]
 TITLE NUMBER [REDACTED] VEHICLE/VESSEL IDENTIFICATION # [REDACTED] YR MAKE [REDACTED] MAKE or MANUFACTURER [REDACTED] BODY TYPE [REDACTED] CLASS [REDACTED] WT / LENGTH [REDACTED] GVW / LOC [REDACTED]
 HULL MATERIAL [REDACTED] PROPULSION [REDACTED] FUEL [REDACTED] VESSEL USE [REDACTED] VESSEL TYPE [REDACTED] WATER [REDACTED] VEHICLE COLOR [REDACTED] 1st OWNER FL / DL # OR FE / ID # [REDACTED]

Applicant / Owner's Name & Address

[REDACTED]
 EDGEWATER, FL 32141

2nd OWNER FL / DL # OR UNIT # [REDACTED]

VOLUNTARY CONTRIBUTIONS

[REDACTED]

FLEET NUMBER [REDACTED] CREDIT VEHICLE [REDACTED] MOS [REDACTED] CLASS [REDACTED] WTLLENGTH [REDACTED] REG FEE [REDACTED] INT. REG [REDACTED] AGENCY FEE [REDACTED] MAIL FEE [REDACTED] TITLE FEE [REDACTED] SALES TAX [REDACTED] GRAND TOTAL [REDACTED]

LIEN MAINTENANCE

Action Requested:

Brand:

STATE PREV. REG. FL. DATE ACQUIRED 10/03/2004 NEW XX USED ODOMETER / VESSEL MANUFACTURER 20 MILES 10/03/2004 ACTUAL

LIEN INFORMATION ELT DATE OF LIEN 03/11/2005 FEID # OR FL / DL # AND SEX AND DATE OF BIRTH- [REDACTED] ODOMETER DECLARATION CERTIFICATION [REDACTED]

NAME OF FIRST LIENHOLDER: (IF NO LIEN, ENTER NONE) KENNEDY SPACE CENTER FEDERAL CREDIT

ADDRESS [REDACTED] VEHICLE USE: [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] [REDACTED]

SELLER INFORMATION [REDACTED] ISLAND, FL 32952
 NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER:
 ADDRESS:
 CITY STATE ZIP CODE
 DEALER LICENSE NO.

SALES TAX AND USE REPORT
 TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED
 PURCHASER HOLDS VALID EXEMPTION CERTIFICATE
 VEHICLE/VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL
 OTHER _____
 CONSUMER OR SALES TAX EXEMPTION #
 INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ 0.00
 INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00
 SELLING PRICE VERIFIED

APPLICANT CERTIFICATION
 I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.
 I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.
 I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
 I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED, NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.
 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner _____ Signature of Applicant/Co-Owner _____
 HSMV 82041 (REV. 07/02) 5 DMV COPY

CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23/328.02, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN. THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE OR VESSEL.

3-11-05

VEHICLE IDENTIFICATION NUMBER	YR 2004	MAKE DODG	MODEL	BODY PK	WT-L-BHP 4549	VESSEL REGIS. NO.	TITLE NUMBER
PREV STATE N	COLOR RED	PRIMARY BRAND	SECONDARY BRAND	NO OF BRANDS	USE PVT	PROP	PREV ISSUE DATE
ODOMETER STATUS OR VESSEL		MANUFACTURER OR OH USE		HULL MATERIAL		DATE OF ISSUE	
20 MILES		10/03/2004 ACTUAL				10/26/2004	

AMERICREDIT FINANCIAL SERVICES, INC.

LIEN RELEASE
INTEREST IN THE ABOVE DESCRIBED VEHICLE IS
HEREBY RELEASED
BY *[Signature]*
TITLE DATE 3/21/05

1ST LIENHOLDER
10/03/2004
AMERICREDIT FINANCIAL SERVICES
PO BOX 182673
ARLINGTON TX 76096
DIVISION OF MOTOR VEHICLES
TALLAHASSEE



DEPARTMENT OF REVENUE
AND MOTOR VEHICLES
[Signature]
FRED O. DICKINSON, III
EXECUTIVE DIRECTOR

Control Number 68587548

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)
ODOMETER CERTIFICATION - Federal and state law require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.
This title is warranted and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to:
Purchaser: _____ Address: _____ Date Sold: _____
Selling Price: \$ _____

I/We state that this 5 or 6 digit odometer now reads (no tenths) miles, date read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.
CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE
1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
2. I hereby certify that the odometer reading is not the actual mileage.
WARNING - ODOMETER DISCREPANCY.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.
Signature of Purchaser: _____
Signature of Co-Purchaser: _____
Signature of Seller: _____
Signature of Co-Seller: _____
Selling Dealer's License Number: _____
Auction Name: _____
Printed Name of Purchaser: _____
Printed Name of Co-Purchaser: _____
Printed Name of Seller: _____
Printed Name of Co-Seller: _____
Tax No. _____ Tax Collected \$ _____
License Number: _____

STATE OF FLORIDA

HSMV 82250 (REV. 12/02)

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES

Neil Kirkman Building - Tallahassee, FL 32399-0610

APPLICATION FOR NOTICE OF LIEN / REASSIGNMENT OF LIEN OR
NOTICE TO FIRST LIENHOLDER OF SUBSEQUENT LIEN

SECTIONS 1 AND 2 SHOULD BE COMPLETED IF ADDING AN ORIGINAL LIEN.
SECTIONS 1 AND 3 SHOULD BE COMPLETED IF REASSIGNING A LIEN.
SECTIONS 1,2 AND 4 SHOULD BE COMPLETED IF ADDING A SUBSEQUENT LIEN.

- MOTOR VEHICLE
 MOBILE HOME
 VESSEL

1 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION

IDENTIFICATION NUMBER		VESSEL REGISTRATION NUMBER	
MAKE/MANUFACTURER	YEAR	MODEL	WT.-LGTH.-BHP
DODGE	2004	RAM 1500	
COLOR	TYPE	USE	
CERTIFICATE OF TITLE NUMBER	PREVIOUS ISSUE DATE	LICENSE PLATE NUMBER	

2 NOTICE OF LIEN - Lienholder information

DATE OF LIEN	FEID#/SUFFIX# OR DL# OR SEX AND DATE OF BIRTH	LIENHOLDER NAME	
11MAR2005		Kennedy Space Center FCU	
LIENHOLDER ADDRESS	CITY	STATE	ZIP
	Merritt Island	FL	32952

- Electronic title and lien participant (Electronic title only).
 If the lienholder authorizes the department to send title to the owner, check box and countersign. (DOES NOT APPLY TO VESSELS)

Signature of Lienholder's Representative

One of the following boxes **must** be checked.

- A security agreement, retain title contract, conditional bill of sale, chattel mortgage or other similar instrument was executed prior to the filing of this notice of lien.
 This notice of lien is being filed before a security agreement, retain title contract, conditional bill of sale, chattel mortgage or other similar instrument is being executed.

UNDER PENALTIES OF PURJURY, I DECLARE THAT I HAVE READ THE FOREGOING Date 11MAR2005
DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE

Street Address (Owner)			Street Address (Co-Owner)		
EDGEWATER	FL	32141	EDGEWATER	FL	32141
City	State	Zip Code	City	State	Zip Code

3 APPLICATION FOR REASSIGNMENT OF LIEN

The undersigned hereby represents that they are the assignee of that certain first or second lien dated the ____ day of (Month/Year) _____, covering the motor vehicle, mobile home or vessel described in section one of this form and request that the Florida Certificate of Title, which was issued on (Month/Day/Year) _____, be reissued to show such lien as now being held by the undersigned applicant and represents that on this date there is a balance as principal still due and unpaid.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Name of Assignee (New Lienholder)	By	Signature of Lienholder's Representative	
	Title		
Address	City	State	Zip

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Name of Assignor (Lienholder currently shown on Title)	By	Signature of Lienholder's Representative
	Title	

STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE
AND/OR REGISTRATION

COUNTY	AGY #	SUB #	REPORT #
8	70	CVR	0

[REDACTED]

T# [REDACTED]
R# [REDACTED]

DECAL NUMBER	DECAL YR. ISSUED	SEX	BIRTHDATE MO. DAY YEAR	EXPIRES MO. DAY YEAR	TRANS CODE	INSURANCE PIP LIABILITY	PLATE ISSUED	RESIDENT Y N ALIEN	COUNTY RES #	DATE OF ISSUE MO. DAY YEAR	PLATE NUMBER OR FLORIDA #
[REDACTED]	05 X	[REDACTED]	[REDACTED]	[REDACTED]	ORR	A	X X	[REDACTED]	8	10 26 04	[REDACTED]
TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	CLASS	WT / LENGTH					
[REDACTED]	[REDACTED]	2004	DODG	PK	31	4549					
HULL MATERIAL	PROPULSION	FUEL	VESSEL USE	VESSEL TYPE	WATER	RV CODE	VEHICLE COLOR	1st OWNER FL / DL# OR FE I.D.#			
							RGR RED	[REDACTED]			

Applicant / Owner's Name & Address

[REDACTED]
EDGEWATER, FL 32141

2nd Owner FL / DL# OR FE I.D.#

VOI

FLEET NUMBER	CREDIT VEHICLE MOS. CLASS WTALENGTH	MOS.	REG. FEE	INIT. REG.	AGENCY FEE	MAIL FEE	TITLE FEE	SALES TAX	GRAND TOTAL
		12	53.10	100	6.75		29.00	0.00	188.85

Action Requested:

ORIG NEW TITLE

Brands:

STATE PREV. REG.	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER
	10/03/2004	XX		20 MILES 10/03/2004 ACTUAL

LIEN INFORMATION	DATE OF LIEN	FEID # OR FL / DL # AND SEX AND DATE OF BIRTH	ODOMETER DECLARATION CERTIFICATION
	10/03/2004	[REDACTED]	<input type="checkbox"/>

NAME OF FIRST LIENHOLDER: (IF NO LIEN, ENTER NONE)

AMERICREDIT FINANCIAL SERVICES

ADDRESS:

PO BOX 182673

VEHICLE USE:

PRIVATE

CITY	STATE	ZIP CODE	SALVAGE TYPE
ARLINGTON, TX		76096	

SELLER INFORMATION	
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER:	
DAYTONA DODGE	
ADDRESS:	
1450 N TOMOKA FARMS RD	
CITY	STATE
DAYTONA BEACH, FL	32124
DEALER LICENSE NO.	
VF011489	

SALES TAX AND USE REPORT	CONSUMER OR SALES TAX EXEMPTION #
TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED	
<input type="checkbox"/> PURCHASER HOLDS VALID EXEMPTION CERTIFICATE	INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ 0.00
<input type="checkbox"/> VEHICLE/VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL	INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00
<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> SELLING PRICE VERIFIED

APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED, NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
 Neil Kirkman Building - Tallahassee, 32399-0500
MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT
 (Instructions on Reverse Side)

For use by licensed MOTOR VEHICLE DEALERS, AUCTION DEALERS and THEIR BUYERS ONLY

This reassignment is supplement to: Title No.: _____ State of Issue: **FL**
 XX
 Manufacturer's Certificate of Origin

VEHICLE DESCRIPTION

Vehicle Identification Number	Year	Make	Model	Body
[REDACTED]	2004	DODGE TRUCK	RAM 1500	1500

REASSIGNMENT INFORMATION

Name of Selling Dealer (Print) DAYTONA DODGE		Dealer License Number VF11489		State of License	
Street Address 1450 TOMOKA FARMS ROAD		City DAYTONA BEACH		State FL	
Zip Code 32124		Sales Tax Collected \$ 1684.54			
Sales Tax Reg. No. (Sales Tax Information is not required on dealer to dealer transactions) FL					
Buyer's Name(s) [REDACTED]				Date of Sale 10/03/04	
Buyer's Address [REDACTED]		City EDGEWATER		State FL	
Zip Code 32141		Auction Name (If applicable) N/A		Auction License Number N/A	
State of License N/A		Date of Auction 10/03/04		Street Address N/A	
City N/A		State N/A		Zip Code N/A N/A	

ODOMETER DISCLOSURE STATEMENT

WARNING: FEDERAL AND STATE LAW REQUIRE THAT YOU STATE THE ODOMETER MILEAGE IN CONNECTION WITH TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

I STATE THAT THIS MOTOR VEHICLE'S 5 DIGIT OR 6 DIGIT ODOMETER NOW READS **20** **XX** (NO TENTHS) MILES, DATE READ **10/03/04**, AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE **ACTUAL MILEAGE** OF THE VEHICLE DESCRIBED IN THIS DOCUMENT, UNLESS ONE OF THE FOLLOWING IS CHECKED:

CAUTION:
DO NOT CHECK
IF MILEAGE
IS ACTUAL

- 1. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS
- 2. I HEREBY CERTIFY THAT THE ODOMETER READING IS **NOT** THE ACTUAL MILEAGE.
WARNING - ODOMETER DISCREPANCY

SELLER AFFIRMS, UNDER PENALTY OF PERJURY, THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE

Dealer's Agent Printed Name (Selling Agent) DAYTONA DODGE		Buyer's Signature (1) [REDACTED]	
Buyer's Printed Name (1) [REDACTED]		Buyer's Signature (2) Acknowledges/Receipt of Statement [REDACTED]	
Street Address [REDACTED]		City EDGEWATER	
State FL		Zip Code 32141	

NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS RE-ASSIGNMENT AND ALL RE-ASSIGNMENTS THAT FOLLOW.
 FILE: - ORIGINAL: WITH TITLE OR MANUFACTURER'S CERTIFICATE OF ORIGIN COPY: DEALER RECORD
 HSMV 82994 (REV. 01/03) S

CERTIFICATE OF ORIGIN FOR A VEHICLE

DAIMLERCHRYSLER

DaimlerChrysler Motors Company LLC

DATE	07-07-04	INVOICE NO.	4DR1 [REDACTED]
VEHICLE IDENTIFICATION NO.	[REDACTED]	YEAR	2004
BODY TYPE	1500 REG. CAB PICKUP	MAKE	DODGE
H.P. (S.A.E.)	49.1	SHIPPING WEIGHT	4549
G.V.W.R.	1/2 TON 6350#	NO. CYLS.	8
		SERIES OR MODEL	RAM DR1H61



I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER, ETC.
DEALER NUMBER 42243/42243

DAYTONA DODGE CHRYSLER
1450 NORTH TOMOKA FARMS ROAD
DAYTONA BEACH FL 32114

It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.
MAIL TO:

DAYTONA DODGE CHRYSLER
1450 NORTH TOMOKA FARMS ROAD
DAYTONA BEACH FL 32114

DAIMLERCHRYSLER MOTORS COMPANY LLC

BY: [REDACTED SIGNATURE] (AGENT)
(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

AUBURN HILLS MICHIGAN
CITY - STATE

13425016

"CERTIFIED FOR SALE IN ALL 50 STATES"

83-100-0102 REV. 11/01

Each undersigned seller certifies to the best of his knowledge, information and belief under penalty of law that the vehicle is new and has not been registered in this or any state at the time of delivery and the vehicle is not subject to any security interests other than those disclosed herein and warrant title to the vehicle.

FOR VALUE RECEIVED I TRANSFER THE VEHICLE DESCRIBED ON THE FACE OF THIS CERTIFICATE TO:

DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 1	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ No Tenths DEALER _____ BY _____ <small>NAME OF DEALERSHIP DEALER'S LICENSE NUMBER</small> State of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____ County of _____ _____ Notary Public USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 2	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ No Tenths DEALER _____ BY _____ <small>NAME OF DEALERSHIP DEALER'S LICENSE NUMBER</small> State of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____ County of _____ _____ Notary Public USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 3	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ No Tenths DEALER _____ BY _____ <small>NAME OF DEALERSHIP DEALER'S LICENSE NUMBER</small> State of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____ County of _____ _____ Notary Public USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 4	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ No Tenths DEALER _____ BY _____ <small>NAME OF DEALERSHIP DEALER'S LICENSE NUMBER</small> State of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____ County of _____ _____ Notary Public USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
ODOMETER DISCLOSURE FOR RETAIL SALE	Federal law requires you to state the odometer mileage in connection with the transfer of ownership. Failure to complete or provide a false statement may result in fines and / or imprisonment. I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked. Odometer Reading _____ NO Tenths <input type="checkbox"/> The mileage stated is in excess of its mechanical limits <input type="checkbox"/> The odometer reading is not the actual mileage. WARNING ODOMETER DISCREPANCY Signature(s) of Seller(s) _____ Date of Statement _____ Date of Sale _____ Printed Name(s) of Seller(s) _____ Dealer's No. _____ Signature of Purchaser(s) _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____ Printed Name of Purchaser(s) _____ Notary Public Company Name (if Applicable) _____ State of _____ Address of Purchaser(s) _____ County of _____ _____ Notary Public USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
LIENHOLDER	1st lien in favor of _____ whose address is _____ 2nd lien in favor of _____ whose address is _____

STATE OF FLORIDA
 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTOR VEHICLES
 NEIL KIRKMAN BUILDING - TALLAHASSEE, FL 32399-0510
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

APPLICATION TYPE: ORIGINAL TRANSFER VEHICLE TYPE: OFF-HIGHWAY VEHICLE MOTOR VEHICLE MOBILE HOME VESSEL

OWNER / APPLICANT INFORMATION			
Customer Number	Unit Number	Fleet Number	
<input checked="" type="checkbox"/> OR <input type="checkbox"/> AND NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and".			
Owner's First Name, Full Middle/Maiden Name, Last Name	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Co-Owner's First Name, Full Middle/Maiden Name, Last Name	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Lessee's First Name, Full Middle/Maiden Name, Last Name	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Owner's Mailing Address (Mandatory)	City	State	Zip
	EDGEWATER	FL	32141
Co-Owner's or Lessee's Mailing Address (Mandatory)	City	State	Zip
	EDGEWATER	FL	32141
Owner's or Lessee's Physical Street Address in Florida (Mandatory)	City	State	Zip
	EDGEWATER	FL	32141
Physical Address of Mobile Home (If applicable) <input type="checkbox"/> Check if mobile home is in a park with 10 or more lots	City	State	Zip
Mail To Customer Name (If different From Above Owner)	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Mail To Customer Address (If different From Above Mailing Address)	City	State	Zip

MOTOR VEHICLE ; MOBILE HOME OR VESSEL DESCRIPTION							
Vehicle/Vessel Identification Number	Make/Manufacturer	Year	Body	Color	Florida Title Number		
	DODGE TRUCK	2004	1500	Red DP MO	MSO		
Previous State of Issue	License Plate or Vessel Registration Number	Weight	Length	BHP/CC	GVW/LOC	Florida Current Date of Issue	
New	New	4549	Fl. in.				
<input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Inflatable		<input type="checkbox"/> Houseboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Airboat <input type="checkbox"/> Sailboat		<input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Canoe <input type="checkbox"/> Other		<input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other	
<input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Exempt <input type="checkbox"/> Government		<input type="checkbox"/> Commercial Fish <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Sponge		<input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Charter		<input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Commercial Other	
<input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers				State of Principal Use			

BRANDS, USAGE AND TYPE (Check Applicable Boxes)							
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input checked="" type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD VEHICLE	<input type="checkbox"/> LRV VEHICLE
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> REPLICA	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUFACTURER'S BUY BACK			<input type="checkbox"/> ELECTRIC VEHICLE

LIENHOLDER INFORMATION			
CHECK IF ELT CUSTOMER <input type="checkbox"/>	FEID # or DL # and Sex and Date of Birth	Date of Lien	Lienholder's Name
		10/03/04	AMERICREDIT FINANCIAL SVCS INC
Lienholder's Address	City	State	Zip
PO BOX 182673	ARLINGTON	TX	76096-2673
<input type="checkbox"/> If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____ (Signature of Lienholder's Representative)			

TRANSFER TYPE	
IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?	DATE ACQUIRED
<input checked="" type="checkbox"/> SALE <input type="checkbox"/> GIFT <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> COURT ORDER <input type="checkbox"/> OTHER (SPECIFY)	10 03 04

ODOMETER DECLARATION	
WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.	
I STATE THAT THIS MOTOR VEHICLE'S <input type="checkbox"/> 5 DIGIT OR <input checked="" type="checkbox"/> 8 DIGIT ODOMETER NOW READS _____ (NO TENTHS) MILES, DATE READ <u>10/03/04</u> AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED:	
<input type="checkbox"/> CAUTION: DO NOT CHECK IF ACTUAL MILEAGE	<input type="checkbox"/> 1. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.
	<input type="checkbox"/> 2. I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING -- ODOMETER DISCREPANCY

DEALER SALES TAX REPORT			
FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX
74-8012066825-9	10/03/04	VF11489	1684.54

8 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) (OR THE MOTOR NUMBER FOR MOTOR VEHICLES MANUFACTURED PRIOR TO 1955) OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be: (Vehicle Identification Number)

DATE SIGNATURE PRINTED NAME

Law Enforcement Officer or Florida Dealer's Name Badge # or Florida Dealer # Notary Stamp or Seal

FL DMV/Tax Collector Employee Florida Compliance Examiner/Inspector Badge or ID Number

COMMISSIONED NAME OF FLORIDA NOTARY: NOTARY'S SIGNATURE (Print, Type or Stamp)

9 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:

PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER

MOTOR VEHICLE MOBILE HOME VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL SALES TAX REGISTRATION NUMBER

I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason: INHERITANCE GIFT

DIVORCE DECREE TRANSFER BETWEEN HUSBAND AND WIFE EVEN TRADE OR TRADE DOWN (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")

OTHER: (EXPLAIN)

10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

(VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.

11 NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE.

THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE.

OTHER: (EXPLAIN)

12 APPLICATION ATTESTMENT AND SIGNATURES

I HAVE PHYSICALLY INSPECTED THE ODOMETER AND I WILL DEFEND THE TITLE AGAINST ALL (Signatures.)

UNDERSIGNED FOREGOING DOCUMENT AND

13 RELEASE OF SPOUSE

The undersigned person(s), state as follows: That County, Florida died on the day of

20 testate (with a will) Intestate (without a will) and left surviving (him/her) the following beneficiaries:

Signature(s) of surviving spouse, co-owner and/or heirs. (More than one form HSMV 82040 may be used for additional signatures.)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Print or Type Name of Spouse, Co-owner or Heir(s) Signature of Spouse, Co-Owner or Heir(s)

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in section 2 of this form. That the estate is not indebted and the assets of the estate, excluding this motor vehicle, mobile home or vessel are sufficient to pay all just claims and that no probate proceedings have been instituted upon the estate. That the person(s) signing above hereby releases all their right, title, interest and claim as heirs at law, legatees, devisee, or otherwise to the aforesaid motor vehicle, mobile home or vessel to:

Name of Applicant(s) (Print or Type)

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.