

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.: **97853437** State of Issue: **FLORIDA**

Manufacturer's Statement or Certificate of Origin

VEHICLE DESCRIPTION

Vehicle Identification Number C50142	Year 1992	Make TRAIL MOBILE	Model	Body TL
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REASSIGNMENT INFORMATION

Name of Selling Dealer (Print) TRANSPORT FUNDING LLC	Dealer License Number	State of License
Street Address 434 IOWA WOODS CIR E	City ORLANDO	State FL Zip Code 32828

Sales Tax Collected \$	Sales Tax Reg. No. (Sales Tax Information is not required on dealer to dealer transactions)	Date of Sale
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Buyer's Name(s) CESAR OSORIO	City	State
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Buyer's Address LA ESPERANZA INTIBUCA	City HONDURAS C.A.	State
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Auction Name (If applicable)	Auction License Number	State of License
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Street Address	City	State
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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 MILES, DATE READ , 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:
READ CAREFULLY
BEFORE YOU
CHECK A BOX

- 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.

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 Dealer)	Dealer's Agent Signature
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Buyer's Signature (1) Acknowledges Receipt of Statement	Buyer's Signature (2) Acknowledges Receipt of Statement
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Buyer's Printed Name (1) First, Full Middle or Maiden, Last	Buyer's Printed Name (2) First, Full Middle or Maiden, Last
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Street Address	City	State	Zip Code
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NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS ASSIGNMENT AND ALL ASSIGNMENTS THAT FOLLOW.

COPY: DEALER RECORD