

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90058 011 ****50.00

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DOCUMENT # L03000037892			
1. Entity Name ALL ABOARD MANAGEMENT, LLC			
Principal Place of Business 5652 ISABELLE AVENUE PORT ORANGE, FL 32127		Mailing Address P.O. BOX 238071 PORT ORANGE, FL 32123	
2. Principal Place of Business 5111 S. Ridgewood Ave		3. Mailing Address PO BOX 238071	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.	
City & State PORT ORANGE, FL		City & State PORT ORANGE, FL	
Zip 32127	Country USA	Zip 32127	Country USA
6. Name and Address of Current Registered Agent CLARK, D. ANDREW 5652 ISABELLE AVENUE PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name D. Andrew Clark Street Address (P.O. Box Number is Not Acceptable) 5111 S. Ridgewood Ave Suite 300 City Port Orange FL Zip Code 32127	
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 		D. Andrew Clark, Pres. 03.09.04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, D. ANDREW 5652 ISABELLE AVENUE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 609, Florida Statutes.			
SIGNATURE:		D. Andrew Clark 03.09.04 386.763.2280	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	