

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90232 032 \*\*\*138.75



**DOCUMENT # L03000037892**

1. Entity Name  
**ALL ABOARD MANAGEMENT, LLC**

Principal Place of Business  
**5111 S RIDGEWOOD AVE  
 TE 300  
 PORT ORANGE, FL 32127**

Mailing Address  
**P.O. BOX 238071  
 PORT ORANGE, FL 32123**

**60016469**

**(L03000037892C)**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address:  
**5111 South Ridgewood Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 300**

01092008 Chg -LLC CR2E083 (12/06)

City & State

City & State  
**Port Orange, Florida**

4. FEI Number  
**34-1978208**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**32127 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, D. ANDREW  
 5111 S RIDGEWOOD AVE  
 STE 300  
 PORT ORANGE, FL 32127**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR**  Delete  
 NAME **CLARK, D. ANDREW**  
 STREET ADDRESS **5652 ISABELLE AVENUE**  
 CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #