


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90077 048 ****50.00

DOCUMENT # L06000065755					
1. Entity Name MANAGE-ABLE, LLC					
Principal Place of Business 1368 NOBLE HERON WAY NAPLES, FL 34105			Mailing Address C/O KELLY, PASSIDOMO, ET AL 2390 TAMIAMI TRAIL NORTH, SUITE 204 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 1350 NOBLE HERON WAY			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State NAPLES FL		City & State		4. FEI Number 01162007 Chg-LLC CR2E083 (12/06)	
Zip 34105	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KELLY, CHARLES M JR. 2930 TAMIAMI TRAIL NORTH, SUITE 204 NAPLES, FL 34103			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSMENT, DAVID L 1368 NOBLE HERON WAY NAPLES, FL 34105	<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 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: DAVID L. OSMENT <i>David L. Osment</i>			Date: 1-24-07 Daytime Phone #: 573-280-3042		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					