


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90048 034 ***138.75

DOCUMENT # L07000011808

1. Entity Name
 A AAAAH, A AARDVARK, ABUSE, ADDICTION, AGENCY
 HOTLINE, LLC



60030317

Principal Place of Business
 4825 N. DIXIE HIGHWAY
 OAKLAND PARK, FL 33334

Mailing Address
 4825 N. DIXIE HIGHWAY
 OAKLAND PARK, FL 33334



2. Principal Place of Business - No P.O. Box #
 2701 GATEWAY DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 2701 GATEWAY DRIVE
 Suite, Apt. #, etc.

04112008 Chg-LLC CR2E083 (12/06)

City & State
 POMPANO BEACH, FL

City & State
 POMPANO BEACH, FL

Zip
 33069

Country
 USA

Zip
 33069

Country
 USA

4. FEI Number
 26-2453449

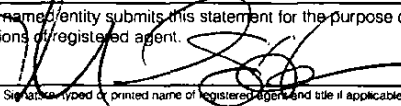
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 TELMOSSE, JOANNE
 4825 N. DIXIE HIGHWAY
 OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent
 Name
 HELLMAN, MAYNARD J.
 Street Address (P.O. Box Number is Not Acceptable)
 2701 GATEWAY DRIVE
 City
 POMPANO BEACH FL Zip Code
 33069

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 4/22/08

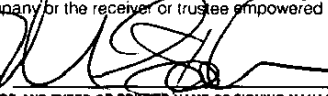
Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYNARD J. HELLMAN 2701 GATEWAY DRIVE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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  DATE 4/22/08 954-914-9642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE