

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012056

Entity Name: ABILITY-SERVICE, L.L.C.

FILED  
Feb 18, 2007  
Secretary of State

**Current Principal Place of Business:**

7181 COLLEGE PKWY  
28  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

7181 COLLEGE PKWY  
28  
FORT MYERS, FL 33904

**New Mailing Address:**

FEI Number: 52-2277403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIEBER, ARNE  
5267 STRATFORD CT.  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARNE OLAF RIEBER,  
Address: 5267 STRATFORD CT.  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: RALF JUERGEN ROSENTR, ETER  
Address: 7867 GO CANES WAY  
City-St-Zip: FT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALF ROSENTERER

MR.

02/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date