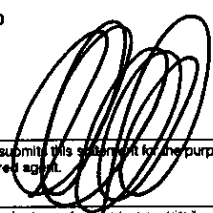


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 017 ***50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007575			
1. Entity Name ABLE HOLDINGS, LLC			
Principal Place of Business 291 SW 27TH AVENUE MIAMI, FL 33135		Mailing Address 291 SW 27TH AVENUE MIAMI, FL 33135	
2. Principal Place of Business		3. Mailing Address 3039 PREMIERE PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 100	
City & State		City & State DULUTH GA	
Zip	Country	Zip	Country
30097	US	30097	US
4. FEI Number 65-1125321		Applied For ☐ Not Applicable	
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	
DOMINGUEZ, ALBERTO 299 SW 27TH AVE. MIAMI, FL 33135		Name CARLOS LIDSKY Street Address (P.O. Box Number is Not Acceptable) 145 EAST 49TH STREET City HIALEAH FL Zip Code 33013	
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  Carlos Lidsky 4/18/03 (NOTE: Registered Agent's signature required when registering)			
FILE NOW WITH FEES IS \$50.00 HALL COUNTY PAYABLE TO FLORIDA DEPARTMENT OF STATE DUE BY MAY 17, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINGUEZ, ALBERTO 2299 SW 27TH AVE. MIAMI, FL 33135 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZABETH ACOSTA 299 SW 27TH AVENUE MIAMI FL 33135 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes. SIGNATURE:  Elizabeth Acosta 4/18/03 SIGNATURE AND TYPE OF OFFICE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

CR2E083 (10/02)