2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# L02000010762

Entity Name: ALL ABILITIES LLC

Current Principal Place of Business:

6799 NW 3RD ST.
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

PO BOX 772573
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 03-0519674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GADDH, LADDAVAN
1795 NW 66 ST.
MARGATE, FL 33063 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:	GADDH, LADDAVAN	
Address:	PO BOX 772573	
City-St-Zip:	CORAL SPRINGS, FL 33077	
Title:	MGR	( ) Delete
Name:	VASQUEZ, SENG	
Address:	3904 E. 11TH ST	
City-St-Zip:	LEHIGH ACRES, FL 33972	
Title:	DIRE	( ) Delete
Name:	CHANDAVONG, LOTSAVAN	
Address:	420 WILLOW BROOK DR.	
City-St-Zip:	LEHIGH ACRES, FL 33972	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: LADDAVAN GADDH MS. 02/11/2009

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