

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037527

FILED
Aug 28, 2009
Secretary of State

Entity Name: HABILITATE, LLC

Current Principal Place of Business:

5025 BARRINGTON CIRCLE
SARASOTA, FL 34234

New Principal Place of Business:

5082 BARRINGTON CIRCLE
SARASOTA, FL 34234

Current Mailing Address:

46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236 US

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: COYLE, DAVID A
Address: 5025 BARRINGTON CIRCLE
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COYLE, DAVID A
Address: 5082 BARRINGTON CIRCLE
City-St-Zip: SARASOTA, FL 34234

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: DAVID A. COYLE

MGR

08/28/2009

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