

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90054 032 \*\*\*\*50.00

**DOCUMENT # L03000037892**

1. Entity Name

ALL ABOARD MANAGEMENT, LLC



Principal Place of Business

5111 S RIDGEWOOD AVE  
TE 300  
PORT ORANGE, FL 32127

Mailing Address

P.O. BOX 238071  
PORT ORANGE, FL 32123

**20042614**



01042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

34-1978208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, D. ANDREW  
5111 S RIDGEWOOD AVE  
STE 300  
PORT ORANGE, FL 32127

**DO NOT WRITE  
IN THIS SPACE**

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

*D. Andrew Clark, Managing Member*

1-17-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CLARK, D. ANDREW  
STREET ADDRESS 5652 ISABELLE AVENUE  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE  
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CITY-ST-ZIP

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APR 19 2005

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:**

*D. Andrew Clark, Managing Member*

1-17-05 386-763-2280

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

Date

Daytime Phone #