2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 26, 2007 08:00 A Secretary of State **DOCUMENT # L03000049737** 1. Entity Name ABLEHOUSE LLC Principal Place of Business Mailing Address 3765 OAK LANE 3765 OAK LANE MELBOURNE, FL 32934 MELBOURNE, FL 32934 04202007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0483696 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUSINESS FILINGS INCORPORATED** DO NOT WRITE 1203 GOVERNORS SQUARE BLVD SUITE 101 IN THIS SPACE TALLAHASSEE, FL 32301-2960 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** 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, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME SHEA, BRADLEY A 3765 OAK LANE 85/09/07-80124-002 50.00 STREET ADDRESS CITY-ST-7IP MELBOURNE, FL 32934 MGRM TITLE SHEA, KAREN E NAME STREET ADDRESS 3765 OAK LANE CITY-ST-7IP MELBOURNE, FL 32934 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 empowerflet to execute this report as required by Chapter 608, Florida Statutes.