

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026832

FILED
Apr 29, 2005
Secretary of State

Entity Name: ABOVE AND BEYOND HABILITATION SERVICES LLC

Current Principal Place of Business:

2901 DUFFTON LOOP
TALLAHASSEE, FL 32303

New Principal Place of Business:

PO BOX 180308
TALLAHASSEE, FL 32318

Current Mailing Address:

2901 DUFFTON LOOP
TALLAHASSEE, FL 32303

New Mailing Address:

PO BOX 180308
TALLAHASSEE, FL 32318

FEI Number: 16-1703981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, KELVIN R
2901 DUFFTON LOOP
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

ELLIS, KELVIN R
PO BOX 180308
TALLAHASSEE, FL 32318 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: KELVIN R. ELLIS

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ELLIS, KELVIN R
Address: 2901 DUFFTON LOOP
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: ELLIS, VALEISHA M
Address: PO BOX 180308
City-St-Zip: TALLAHASSEE, FL 32318

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELLIS, KELVIN R
Address: PO BOX 180308
City-St-Zip: TALLAHASSEE, FL 32318

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VALEISHA ELLIS

MGRM

04/29/2005

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