2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# L04000026832

Entity Name: ABOVE AND BEYOND HABILITATION SERVICES LLC

Current Principal Place of Business:

PO BOX 180308
TALLAHASSEE, FL 32318

New Principal Place of Business:

327 OFFICE PLAZA DR.
104
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 180308
TALLAHASSEE, FL 32318

New Mailing Address:

327 OFFICE PLAZA DR.
104
TALLAHASSEE, FL 32301

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
PO BOX 180308
TALLAHASSEE, FL 32318 US

Name and Address of New Registered Agent:

ELLIS, VALEISHA M
327 OFFICE PLAZA DRIVE
104
TALLAHASSEE, FL 32301 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: VALEISHA M. ELLIS 04/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ELLIS, VALEISHA M
Address: 327 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

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 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: VALEISHA M. ELLIS MGRM 04/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date