

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000035671

FILED
May 05, 2005
Secretary of State

Entity Name: ABODE ABOVE, LLC

Current Principal Place of Business:

1124 MOODY RD.
N FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

1124 MOODY RD.
N FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 87-0740096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAPAY, BETTY JEAN
1124 MOODY RD.
N FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

WILLIAMS, LAURA A
1124 MOODY RD.
N FORT MYERS, FL 33903 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: LAURA A WILLIAMS

05/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PAPAY, BETTY JEAN
Address: 1124 MOODY RD.
City-St-Zip: N FORT MYERS, FL 33903

Title: MGRM (X) Delete
Name: WILLIAMS, LAURA A
Address: 500 NW 20TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, LAURA A
Address: 500 NW 20TH TERRACE
City-St-Zip: CAPE CARAL, FL 33993

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: LAURA A WILLIAMS

MGR

05/05/2005

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