

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029417

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: POSITIVE ABILITIES, LLC

## Current Principal Place of Business:

4016 HENDERSON BOULEVARD, SUITE D  
TAMPA, FL 33629

## New Principal Place of Business:

4016 HENDERSON BOULEVARD  
SUITE D  
TAMPA, FL 33629

## Current Mailing Address:

4016 HENDERSON BOULEVARD, SUITE D  
TAMPA, FL 33629

## New Mailing Address:

4016 HENDERSON BOULEVARD  
SUITE D  
TAMPA, FL 33629

FEI Number: 73-1732659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOSAN, RICHARD R ESQUIRE  
112 WEST WINDHORST ROAD  
BRANDON, FL 33510 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WAGNER, AMY M  
Address: 4016 HENDERSON BOULEVARD, SUITE D  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: LYNCH, BRIDGET M  
Address: 4016 HENDERSON BOULEVARD, SUITE D  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: GONZALEZ, KIMBERLY R  
Address: 4016 HENDERSON BOULEVARD, SUITE D  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES:

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

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

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: AMY M. WAGNER

MGRM

04/25/2006

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