

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029417

Entity Name: POSITIVE ABILITIES, LLC

FILED  
Mar 25, 2008  
Secretary of State

## Current Principal Place of Business:

114 S. OREGON  
TAMPA, FL 33606

## New Principal Place of Business:

9402 BULLFROG COURT  
GIBSONTOWN, FL 33534

## Current Mailing Address:

114 S. OREGON  
TAMPA, FL 33606

## New Mailing Address:

9402 BULLFROG COURT  
GIBSONTOWN, FL 33534

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: GONZALEZ, KIMBERLY R  
Address: 4016 HENDERSON BOULEVARD, SUITE D  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WAGNER, AMY M  
Address: 9402 BULLFROG COURT  
City-St-Zip: GIBSONTOWN, FL 33534

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, KIMBERLY R  
Address: 9402 BULLFROG COURT  
City-St-Zip: GIBSONTOWN, FL 33534

I hereby certify that the information supplied with this filing does not qualify 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

03/25/2008

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