

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079469

FILED
Aug 31, 2006
Secretary of State

Entity Name: ABOVE AND BEYOND SOLUTIONS INVESTMENT, LLC

Current Principal Place of Business:

3801 SE 73RD STREET
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3631
BELLEVIEW, FL 34421 US

New Mailing Address:

FEI Number: 20-3296613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HODGE, ANTOINETTE J
3801 SE 73RD STREET
OCALA, FL 34480 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HODGE, ANTOINETTE J
Address: 3801 SE 73RD STREET
City-St-Zip: Ocala, FL 34480 US

Title: MGR () Delete
Name: BELL, VIOLET C
Address: 3801 SE 73RD STREET
City-St-Zip: Ocala, FL 34480 US

Title: MGR () Delete
Name: DELILLO, CHRISTOPHER P
Address: 3801 SE 73RD STREET
City-St-Zip: Ocala, FL 34480 US

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: ANTOINETTE J. HODGE

MGR

08/31/2006

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