2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000112784

1. Entity Name

ALL ABOUT BEHAVIOR, L.L.C.

FILED Jan 23, 2007 08:00 AM Secretary of State

Principal Place of Business

410 S.E. 11TH STREET OCALA, FL 34471

Mailing Address

410 S.E. 11TH STREET OCALA, FL 34471



01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
20-3881480	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMES, STEPHANIE 410 S.E. 11TH STREET OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE.	Signature, typed or printed name of registated agent and tide 4 applicable.	re, typed or printed name of regulated agent and tide 4 applicable. (NOTE: Registered Agent agenture required when reinstating)		
F	illing Fee is \$50,00 bue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMES, STEPHANIE 410 SE 11TH ST OCALA, FL 34471		U00000599462 01/25/07-80029-006 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/25/Ur-80U29-UU6 58.UU	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	cetife that the information counting with this filling days not			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 609, Florida Statutes.

SIGNATURE: Stephows and 1/19/07 JR. 368.261J