


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90286 046 \*\*\*\*50.00

<b>DOCUMENT # L06000061642</b>	
1. Entity Name <b>ABLE PROPERTY SERVICES LLC</b>	

Principal Place of Business <b>15107 MADEIRA WAY, #214 MADEIRA BEACH FL 33708 US</b>	Mailing Address <b>15107 MADEIRA WAY, #214 MADEIRA BEACH FL 33708 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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1st MOORE CR2E083 (10/06)

4. FEI Number <b>86-1169769</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DOANE, RICHARD A 1311 6TH AVENUE NORTH ST. PETERSBURG FL 33705</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>15107 MADEIRA WAY # 214</b> City <b>MADEIRA BEACH</b> FL Zip Code <b>33708</b>

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 *Richard A. Doane* (NOTE: Registered Agent signature required when re-instating) DATE 4/20/07

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGR ABLE PROPERTY SERVICES 1311 6TH AVENUE NORTH ST. PETERSBURG FL 33705</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: *Richard A. Doane* DATE: 4/20/07 PHONE: 632-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE