

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101544

Entity Name: AABLE INSTALLATION LLC

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

2585 POST ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

2583 POST ST
JACKSONVILLE, FL 32204

Current Mailing Address:

2585 POST ST
JACKSONVILLE, FL 32204

New Mailing Address:

2583 POST ST
JACKSONVILLE, FL 32204

FEI Number: 20-5676761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, MARTHA
2585 POST ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

EDWARDS, MARTHA
2583 POST ST
JACKSONVILLE, FL 32204 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:

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDWARDS, BRIAN
Address: 2585 POST ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: HUNLEY, DENIS
Address: 1915 SILVER STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EDWARDS, BRIAN
Address: 2583 POST ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM (X) Change () Addition
Name: EDWARDS, APRIL
Address: 2583 POST ST
City-St-Zip: JACKSONVILLE, FL 32204

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: BRIAN D EDWARDS

MGMR

04/05/2007

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