

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009387

FILED
Jan 08, 2009
Secretary of State

Entity Name: ANNIE ABLE, LLC

Current Principal Place of Business:

10615 LAKESIDE DRIVE
CORAL GABLES, FL 33156

New Principal Place of Business:

10520 LAKESIDE DRIVE
CORAL GABLES, FL 33156

Current Mailing Address:

10615 LAKESIDE DRIVE
CORAL GABLES, FL 33156

New Mailing Address:

10520 LAKESIDE DRIVE
CORAL GABLES, FL 33156

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHN, S. LAWRENCE III
10615 LAKESIDE DRIVE
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

KAHN, S. LAWRENCE III
10520 LAKESIDE DRIVE
CORAL GABLES, FL 33156 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: S. LAWRENCE KAHN, III

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: KAHN, SIDNEY L
Address: 10615 LAKESIDE DRIVE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: KAHN, SIDNEY L
Address: 10520 LAKESIDE DRIVE
City-St-Zip: CORAL GABLES, FL 33156

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: S. LAWRENCE KAHN, III

MGR

01/08/2009

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