2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054220

Entity Name: FAB ELATION LLC

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8824 ASHLAND PARK PLACE 2629 RIVER GRAND CIRCLE MONTGOMERY, AL 36117 BIRMINGHAM, AL 35243

Current Mailing Address: New Mailing Address:

8824 ASHLAND PARK PLACE 2629 RIVER GRAND CIRCLE MONTGOMERY, AL 36117 BIRMINGHAM, AL 35243

FEI Number: 26-0157722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRANCH, WILLIAM 3758 NW 53RD LANE GAINESVILLE, FL 32653 US

MANAGING MEMBERS/MANAGERS:

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:

City-St-Zip:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition BRANCH, DEBORAH BRANCH, DEBORAH Name: Name: Address: 8824 PLANTATION WAY Address: 2629 RIVER GRAND CIRCLE

MONTGOMERY, AL 36117 City-St-Zip: BIRMINGHAM, AL 35243

Title: MGRM () Delete Title: () Change () Addition Name: FAIN, WILLIAM Name:

Address: 7029 MID PINES CIR. Address: City-St-Zip: MONTGOMERY, AL 36117 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

AKIN, LYNN Name: Name: 8100 NUNN PLACE Address: Address: City-St-Zip: MONGOMERY, AL 36117 City-St-Zip:

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: DEBORAH BRANCH 03/17/2008