

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119447

FILED
Aug 27, 2008
Secretary of State

Entity Name: ALL ABOARD THERAPY LLC

Current Principal Place of Business:

6542 HYPOLUXO ROAD, #247
LAKE WORTH, FL 33647

New Principal Place of Business:

5476 ENCLAVE CROSSING WAY
T1
DELRAY BEACH, FL 33484

Current Mailing Address:

6542 HYPOLUXO ROAD, #247
LAKE WORTH, FL 33647

New Mailing Address:

5476 ENCLAVE CROSSING WAY
T1
DELRAY BEACH, FL 33484

FEI Number: 26-1520708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEUTSCH, DAVID
6542 HYPOLUXO ROAD, #274
LAKE WORTH, FL 33647 US

Name and Address of New Registered Agent:

DEUTSCH, DAVID
5476 ENCLAVE CROSSING WAY
T1
DELRAY BEACH, FL 33484 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: DAVID DEUTSCH

08/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEUSCH, KAREN A
Address: 1200 SCOTIA DRIVE, #504
City-St-Zip: HYPOLUXO, FL 33462

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEUTSCH, KAREN A
Address: 5476 ENCLAVE CROSSING WAY, T1
City-St-Zip: DELRAY BEACH, FL 33484

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: KAREN A. DEUTSCH

MGRM

08/27/2008

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