

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124165

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** ALL ABOARD THERAPY OF THE TREASURE COAST, LLC

**Current Principal Place of Business:**

787 37TH STREET SUITE E-100  
VERO BEACH, FL 32960

**New Principal Place of Business:**

787 37TH STREET  
SUITE E-100  
VERO BEACH, FL 32960

**Current Mailing Address:**

787 37TH STREET SUITE E-100  
VERO BEACH, FL 32960

**New Mailing Address:**

787 37TH STREET  
SUITE E-100  
VERO BEACH, FL 32960

**FEI Number:** 38-3772129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECHT, EDWARD W  
321 SOUTH SECOND STREET  
FT. FIERCE, FL 34950 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, ANNA M  
Address: 787 37TH STREET SUITE E-100  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ANNA JONES

MS.

04/07/2009

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