

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079852

Entity Name: DWELLINGS & ABODES LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

2034 BONISLE CIRCLE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

4524 GUN CLUB RD
209
WEST PALM BEACH, FL 33415

Current Mailing Address:

2034 BONISLE CIRCLE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

4524 GUN CLUB RD
209
WEST PALM BEACH, FL 33415

FEI Number: 26-3230676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AJINKYA, ARVIND B
4524 GUN CLUB ROAD, #102
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

KRISHNA, KORAPATI R
4524 GUN CLUB ROAD, #209
WEST PALM BEACH, FL 33415 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: KRISHNA R KORAPATI

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KORAPATI, SURESH
Address: 2034 BONISLE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: KORAPATI, KRISHNA R MGR
Address: 2034 BONISLE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: KRISHNA R KORAPATI

MGR

01/08/2009

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