2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000003570

1. Entity Name
QUIXOTE ENTERPRISES LLC

Principal Place of Business	Mailing Address
74 WILLOW DRIVE ST. AUGUSTINE BEACH, FL 32080	74 WILLOW DRIVE ST. AUGUSTINE BEACH, FL 32080

03072005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1870650

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HELLINGS, PAUL M
74 WILLOW DR
SAINT AUGUSTINE, FL 32080

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Paul M Hellings — April 15, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

U00000319299
04/20/05-80093-013 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	C
NAME	HELLINGS, PAUL M
STREET ADDRESS	74 WILLOW DR
CITY-ST-ZIP	SAINT AUGUSTINE BEACH, FL 32080
TITLE	C
NAME	HELLINGS, MARY J
STREET ADDRESS	74 WILLOW DR
CITY-ST-ZIP	SAINT AUGUSTINE BEACH, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Paul M Hellings 4/15/05 904-669-1697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #