## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000032310



| QUINTETTI   | E ROAD, LLC   |   |   |  |  |  |                                      |                                      |                               |                           |                               |                              |
|---|---|---|---|--|--|--|--------------------------------------|--------------------------------------|-------------------------------|---------------------------|-------------------------------|------------------------------|
| Principal Place of Business   |   | Mailing Address                                 |   |  |  |  |                                      |                                      |                               |                           |                               |                              |
| 4400 BAYOU BLVD, STE. 4B<br>PENSACOLA, FL 32503   |   | 4400 BAYOU BLVD, STE. 4B<br>PENSACOLA, FL 32503 |   |  |  |  |                                      |                                      |                               | 24                        | 041                           | 244                          |
|   |   |   |   |  |  |  |                                      |                                      |                               |                           |                               |                              |
| 2. Principal Place of Business  |   | 3. Mailing Address                              |   |  |  |  |                                      |                                      |                               |                           |                               |                              |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                             |   |  |  | 0120200  | 04 Ch                                | ng-LLC                               | CR                            | 2E083                     | (10/03)                       |                              |
| City & State  |   | City & State                                    |   |  |  | 4. FEI Nu  | mber 5 r                             | 7-118                                | 4914                          |                           |                               | plied For                    |
| Zip   | Country   | Zip   | Zip Count   |  |  |  |                                      |                                      | _                             | \$5                       | .00 Add                       | litional                     |
|   | 6. Name and Address of Current R  | legistered Agent                                |   |  | l  | 7. Name  | and Addr                             | ess of New                           | Registe                       |                           |                               |                              |
|   |   |   |   | Name   |  |  |                                      |                                      |                               |                           |                               |                              |
| MOORHEAD, STEPHEN R<br>4300 BAYOU BLVD, STE. 13<br>PENSACOLA, FL 32503  |   |   |   | Street A   | Street Address (P.O. Box Number is Not Acceptable) |  |                                      |                                      |                               |                           |                               |                              |
|   |   |   |   |  |  |  |                                      |                                      |                               |                           |                               |                              |
|   |   |   | City  |  |  |  |                                      |                                      | FL Zip Code                   |                           |                               |                              |
|   | amed entity submits this statement for<br>as of registered agent.   | the purpose of changing its                     | registere   | ed office or   | registere  | ed agent, o  | both, in t                           | he State of                          | Florida. I                    | am fami                   | liar with,                    | and accept                   |
|   | <b>3 3</b>  |   |   |  |  |  |                                      |                                      |                               |                           |                               |                              |
| PIGNIATURE  |   |   |   |  |  |  |                                      |                                      |                               |                           |                               |                              |
| SIGNATURE   | mature, typed or printed name of registered agent an  | nd title if applicable, (NOTE                   | : Registere   | d Agent signatu  | ure required                                       | when reinstating                                     | )                                    |                                      | D/                            | NTE                       |                               |                              |
| Siç<br>Filir  | nature, typed or printed name of registered agent and graph the state of the state | nd title if applicable. (NOTE                   | : Registere   | d Agent signatu  | ure required                                       | when reinstating                                     | )                                    |                                      | ake ched                      | ck paya                   |                               | · · · · · ·                  |
| Fillin<br>Due   | ng Fee is \$50.00<br>by May 1, 2004   |   |   | d Agent signatu  | ure required                                       | when reinstating                                     |                                      | Flori                                | ake che<br>da Depa            | ck paya<br>irtment        |                               | •                            |
| Siç<br>Filir  | ng Fee is \$50.00   |   | : Registered  |  | mai  | 2m1  |                                      | Flori                                | ake ched<br>da Depa<br>S/OHAN | ck paya<br>artment<br>GES |                               | <b>P</b> Addition            |
| 9. TITLE NAME   | ng Fee is \$50.00<br>by May 1, 2004   | RS/MANAGERS                                     | 10.<br>TITLE  | E<br>E   | mai  | 2m1  |                                      | Flori                                | ake ched<br>da Depa<br>S/OHAN | ck paya<br>artment<br>GES | of State                      |                              |
| Filin Due   | ng Fee is \$50.00<br>by May 1, 2004   | RS/MANAGERS                                     | 10.<br>TITLE<br>NAM<br>STRE   | E  | ma i<br>milt<br>4400                               | RM<br>Fon C.<br>Bayol                                | Roger<br>B1 Vo                       | ADDITION                             | ake ched<br>da Depa<br>S/CHAN | ck paya<br>artment<br>GES | of State                      |                              |
| 9. TITLE NAME STREET ADDRESS  | ng Fee is \$50.00<br>by May 1, 2004   | RS/MANAGERS                                     | 10. TITLE NAM STRE CITY   | E<br>E<br>EET ADDRESS<br>-ST-ZIP   | mai<br>milt<br>4400<br>Pens                        | RM<br>Fon C.<br>Bayol<br>Sacola<br>RM                | Roger<br>Blvo                        | Flori ADDITION S J. Swi 3250         | ake ched<br>da Depa<br>S/CHAN | GES                       | of State                      |                              |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | ng Fee is \$50.00<br>by May 1, 2004   | S/MANAGERS Delete                               | 10. TITLE NAM STRE CITY TITLE   | E<br>E<br>EET ADDRESS<br>-ST-ZIP<br>E<br>E                                     | main<br>mint<br>4400<br>Pens<br>Mai                | Rm<br>ron C.<br>D Bayou<br>sacola<br>RM              | Roger<br>Blvo<br>FL                  | Flori ADDITION S 1. Sui 32503        | ake ched<br>da Depa<br>S/CHAN | GES                       | of State                      | Addition                     |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | ng Fee is \$50.00<br>by May 1, 2004   | S/MANAGERS Delete                               | 10. TITLE NAM STRE CITY TITLE NAM STRE  | E<br>E<br>EET ADDRESS<br>-ST-ZIP   | mai<br>milt<br>4400<br>Pens<br>Mai<br>J. Co        | Rm ron C. D Bayou Sacola RM Ollier 1 S. Pa           | Roger<br>Blv<br>FL<br>Merri<br>lafox | Flori<br>ADDITION<br>S. Swi<br>3250: | S/CHAN                        | GES                       | of State                      | Addition                     |
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| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | ng Fee is \$50.00<br>by May 1, 2004   | IS/MANAGERS  Delete                             | 10. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM   | E E E E E E E E E E E E E E E E E E E  | mai<br>milt<br>4400<br>Pens<br>Mai<br>J. Co        | Rm ron C. D Bayou Sacola RM Ollier 1 S. Pa           | Roger<br>Blv<br>FL<br>Merri<br>lafox | Flori<br>ADDITION<br>S. Swi<br>3250: | S/CHAN                        | ck paya<br>artment<br>GES | of State                      | Addition Addition            |
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| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME      | ng Fee is \$50.00<br>by May 1, 2004   | RS/MANAGERS  Delete  Delete  Delete             | 10. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE  | E E E E E E E E E E E E E E E E E E E  | mai<br>milt<br>4400<br>Pens<br>Mai<br>J. Co        | RM Fron C. Di Bayola Sacola RM Ollier I S. Fa Sacola | Roger<br>Blv<br>FL<br>Merri<br>lafox | Flori<br>ADDITION<br>S. Swi<br>3250: | S/CHAN                        | GES   B                   | of State Change Change        | Addition  Addition           |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | ng Fee is \$50.00<br>by May 1, 2004   | RS/MANAGERS  Delete  Delete  Delete             | 10. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE  | E E E E E E E E E E E E E E E E E E E  | mai<br>milt<br>4400<br>Pens<br>Mai<br>J. Co        | RM Fron C. Di Bayola Sacola RM Ollier I S. Fa Sacola | Roger<br>Blv<br>FL<br>Merri<br>lafox | Flori<br>ADDITION<br>S. Swi<br>3250: | S/CHAN                        | GES G                     | of State Change Change        | Addition  Addition           |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  | ng Fee is \$50.00<br>by May 1, 2004   | Delete  Delete  Delete  Delete                  | 10. TITLE NAM STRE CITY | E E E E E E E E E E E E E E E E E E E  | mai<br>milt<br>4400<br>Pens<br>Mai<br>J. Co        | RM Fron C. Di Bayola Sacola RM Ollier I S. Fa Sacola | Roger<br>Blv<br>FL<br>Merri<br>lafox | Flori<br>ADDITION<br>S. Swi<br>3250: | S/CHAN                        | GES G                     | of State Change Change Change | Addition  Addition  Addition |

11. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Change

Addition