

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME

## 02-27-2006 90429 006 \*\*\*\*50.00 DOCUMENT # L04000073668 QUILMASTER, L.L.C. Principal Place of Business Mailing Address SPENCER HOUSE, SPENCER DRIVE SPENCER HOUSE, SPENCER DRIVE 20011107 NUTHALL NOTTINGHAM UNITED KINGDOM NUTHALL NOTTINGHAM UNITED KINGDOM NG161DO. NG161DO. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1990324 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHN C. GALLAGHER BADWAY, JOE Street Address (P.O. Box Number is Not Acceptable) 1402 S.E. 46TH LANE CAPE CORAL, FL 33904 3501 Del PradoBlvd. Suite 302 CAPE CORAL 8. The above named enti e 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 re 06 SIGNATURE Signature, type DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Change Addition JERVIS, NOEL NAME NAME SPENCER HOUSE, SPENCER DRIVE, NUTHALL STREET ADDRESS STREET ADDRESS NOTTINGHAM, UK NG161DQ CITY-ST-ZIP CITY-ST-ZIP MGR TITLE TITLE Celete ☐ Change ☐ Addition JERVIS, ANDREW W NAME NAME STREET ADDRESS 70 LATHAN LANE STREET ADDRESS BERKELEY, CA 94708 CITY-ST-ZIP CITY-ST-ZIP FITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 TITLE C Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes. NOEL JERVIS 217/2006

SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 27, 2006 8:00 am

Secretary of State

Daytime Phone #