


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90094 001 ****55.00

DOCUMENT # L04000079220					
1. Entity Name QUATTRO PROPERTIES, LLC					
Principal Place of Business 13213 PETUNIA STREET PANAMA CITY BEACH, FL 32407			Mailing Address 13213 PETUNIA STREET PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
<div style="display: flex; justify-content: space-between;"> 06302005 Chg-LLC CR2E083 (10/03) </div>					
4. FEI Number 33-1104085				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARKER, KELLY 13213 PETUNIA STREET PANAMA CITY BEACH, FL 32407			Name KELLY P. JENKINS		
			Street Address (P.O. Box Number is Not Acceptable) 13213 PETUNIA ST.		
			City PANAMA CITY BEACH FL Zip Code 32407		
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 <u><i>Kelly P. Jenkins</i></u> DATE <u>6/30/05</u>					
<small>Signature, typed or printed name of registered agent and (FEI) applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, KELLY 13213 PETUNIA STREET PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY P. JENKINS 13213 PETUNIA STREET PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, JAMES 12005 EAGLE ROCK ROAD NE ALBUQUERQUE,, NM 81722	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENKINS, DOUGLAS 13213 PETUNIA STREET PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, CATHERINE 12005 EAGLE ROCK ROAD NE ALBUQUERQUE, NM 81722	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kelly P. Jenkins</i></u> KELLY P. JENKINS DATE <u>6/30/05</u> DAYTIME PHONE # <u>850-258-5830</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					