

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002913

Entity Name: QUENTLEY, L.L.C.

FILED  
Jan 27, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 950103  
LAKE MARY, FL 32795

## New Principal Place of Business:

2109 SILVER LEAF CT  
LONGWOOD, FL 32779

## Current Mailing Address:

2109 SILVER LEAF CT  
LONGWOOD, FL 32779 US

## New Mailing Address:

FEI Number: 59-3644154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DANTE, DAMON  
PO BOX 308  
SANFORD, FL 32772 US

## Name and Address of New Registered Agent:

DANTE, DAMON  
1201 WEST 2ND STREET  
SANFORD, FL 32772 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: DAMON DANTE

01/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CUTLER, JOEL  
Address: PO BOX 1085  
City-St-Zip: SANFORD, FL 327721085 US

Title: MGR ( ) Delete  
Name: JAMES, KIMBERLY  
Address: 318 RADEBAUGH DRIVE  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CUTLER, JOEL  
Address: P.O. BOX 950103  
City-St-Zip: LAKE MARY, FL 32795-103 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL CUTLER

MGRM

01/27/2007

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