2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007829

1. Entity Name
24K QUAIL, L.L.C.

FILED
03 MAY -2 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3635 BONITA BEACH ROAD, SUITE 4 BONITA SPRINGS, FL 34134	15601 FIDDLESTICKS BLVD FORT MYERS, FL 33912

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
15601 Fiddlesticks Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Myers FL	City & State
Zip: 33912 / Country: Lee	Zip / Country

4. FEI Number **59-3656730** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALTON, DOUGLAS 15601 FIDDLESTICKS BLVD FORT MYERS, FL 33912	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR 24K FINANCIAL, LLC 3635 BONITA BEACH ROAD, SUITE 4 BONITA SPRINGS, FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR 24K Financial LLC 15601 Fiddlesticks Blvd Ft Myers FL 33912 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARRIS, MORRIS 4260 BRYWOOD DR NAPLES, FL 34119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000017896500 05/02/03--01056--029 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature] MGR Douglas Walton 4/30/03 2397700702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #