## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011840 QUAIL ROOST BUILDING VENTURES LLC



Principal Place of Business\_

10348 S.W. 186TH ST. MIAMI, FL 33157

Mailing Address

1157 SWEETWATER RD. SPRING VALLEY, CA 91977

## FILED Mar 18, 2005 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

JRE: State June State Wild Signature and typed or printed name of signing managing member, or authorized representative

02102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1049395

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

LOPEZ, JOSEPH F 250 BIRD RD., STE. 302 CORAL GABLES, FL 33146

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| SIGNATURE_  | Signature, typed or printed name of registered agent and title if applicable                  | (NOTE Registered Agent signature required when reinstating) | DATE                     |
|---|---|---|--------------------------|
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   |   |                          |
| 9.  | MANAGING MEMBERS/MANAGERS   |   |                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>WIENER, STEVE<br>C/O JOSEPH F. LOPEZ, ESQ. 250 BIRD RD.#302<br>CORAL GABLES, FL 33146 |   | U00000268930             |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP   | MEM<br>ANDRUS, W.H.<br>C/O JOSEPH F. LOPEZ, ESQ 250 BIRD RD.#302<br>CORAL GABLES, FL 33146    |   | 03/18/05-80062-022 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | DO  | NOT WRITE                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | IN  | THIS SPACE               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |                          |
| 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. |   |   |                          |

Steve wiener

Date

Daytime Phone #

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