


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L00000011840
1. Entity Name
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

DO NOT WRITE IN THIS SPACE



04092007 No Chg-LLC CR2E083 (11/05)
4. FEI Number: 65-1049395 Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LOPEZ, JOSEPH F
250 BIRD RD., STE. 302
CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIENER, STEVE C/O JOSEPH F. LOPEZ, ESQ. 250 BIRD RD.#302 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ANDRUS, W.H. C/O JOSEPH F. LOPEZ, ESQ 250 BIRD RD.#302 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000724147
05/02/07-80100-017 50.00

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Steve Wiener Steve Wiener 4-18-07 (619) 425-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #