


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

| | |
|--|---|
| DOCUMENT # L01000002754 1. Entity Name QUALITY HOMES, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 1860 OLD OKEECHOBEE RD STE 508 WEST PALM BEACH, FL 33409 | Mailing Address 1860 OLD OKEECHOBEE RD STE 508 WEST PALM BEACH, FL 33409 |
|---|---|

DO NOT WRITE IN THIS SPACE



03142005 No Chg-LLC

CR2E083 (10/03)

| | |
|--|--------------------------------|
| 4. FEI Number 65-1076429 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent METZGER, KATHY A 8396 IRONHORSE CT WEST PALM BEACH, FL 33412 | 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 reinstalling) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM METZGER, KATHY A 8396 IRONHORSE CT WEST PALM BEACH, FL 33412 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LANG, MICHAEL R 1860 OLD OKEECHOBEE RD #508 WEST PALM BEACH, FL 33409 |
| 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 | |

000000263028
03/18/05-80068-008 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

15 Mar 05 561-684-7227
Date Daytime Phone #