## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012853

Name:

Entity Name: QUALITY DEVELOPMENT, LC

FILED Jan 09, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

ONE PARK PLACE 15774 VIANA WINDS POINT

DELRAY BEACH, FL 33446 US 621 NW 53RD STREET SUITE 255 BOCA RATON, FL 33487

**Current Mailing Address: New Mailing Address:** 

ONE PARK PLACE 15774 VIANA WINDS POINT

DELRAY BEACH, FL 33446 US 621 NW 53RD STREET SUITE 255 BOCA RATON, FL 33487

**FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUBEN, SHAWN R RUBEN, SHAWN R ONE PÄRK PLACE 15774 VIANA WINDS POINT DELRAY BEACH, FL 33446 US 621 NW 53RD STREET

BOCA RATON, FL 33487 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.

01/09/2004 SIGNATURE: SHAWN RUBEN

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS:** ADDITIONS/CHANGES:

( ) Delete MGR (X) Change ( ) Addition

RUBEN, SHAWN R PRES. RUBEN, SHAWN R PRES. Address: 15774 VIANA WINDS POINT Address: ONE PARK PLACE 621 NW 53RD STREET STE. 255

Name:

City-St-Zip: DELRAY BEACH, FL 33446 US City-St-Zip: BOCA RATON, FL 33487 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAWN RUBEN **PRES** 01/09/2004