2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L01000015372

Entity Name: QUALITY INSURANCE PARTNERS, LLC

Current Principal Place of Business:

665 TOLLGATE ROAD
SUITE B
ELGIN, IL 60123

New Principal Place of Business:

Current Mailing Address:

665 TOLLGATE ROAD
SUITE B
ELGIN, IL 60123

New Mailing Address:

FEI Number: 65-1135767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MANLEY, MARSHALL
2475 MARSEILLE DRIVE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	MANLEY, MARSHALL	
Address:	2475 MARSEILLE DRIVE	
City-St-Zip:	PALM BEACH GARDEN, FL 33410 US	
Title:	MGR	( ) Delete
Name:	BARHAM, NORMAN	
Address:	18 LONG BEACH BOULEVARD	
City-St-Zip:	LOVELADIES, NJ 08008 US	
Title:	MGR	( ) Delete
Name:	GADDIS, ROBERT	
Address:	7N441 FALCONS TRAIL	
City-St-Zip:	ST CHARLES, IL 60175 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ROBERT D GADDIS MGR 04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date