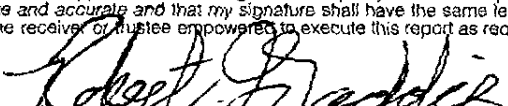


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000015372 1. Entity Name QUALITY INSURANCE PARTNERS, LLC					
Principal Place of Business 665 TOLLGATE ROAD SUITE B ELGIN IL 60123			Mailing Address 665 TOLLGATE ROAD SUITE B ELGIN IL 60123		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1135767	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MANLEY, MARSHALL 2475 MARSEILLE DRIVE PALM BEACH GARDENS FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reactivating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANLEY, MARSHALL 2475 MARSEILLE DRIVE PALM BEACH GARDEN FL 33410	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARHAM, NORMAN 18 LONG BEACH BOULEVARD LOVELADIES NJ 08008	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GADDIS, ROBERT 7N441 FALCONS TRAIL ST CHARLES IL 60175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GADDIS, ROBERT 7N441 FALCONS TRAIL ST CHARLES IL 60175	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GADDIS, ROBERT 7N441 FALCONS TRAIL ST CHARLES IL 60175	☐ Delete			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **1-24-06**