


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90116 012 \*\*\*\*50.00


<b>DOCUMENT # L02000000523</b>	
1. Entity Name <b>QUICK RESPONSE RESTORATION, LLC</b>	

Principal Place of Business <b>1231 ESSEX DR. WELLINGTON FL 33414</b>	Mailing Address <b>1231 ESSEX DR. WELLINGTON FL 33414</b>
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2. Principal Place of Business <b>438 W RAMBLING DR</b>	3. Mailing Address <b>438 W RAMBLING DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>WELLINGTON, FL</b>	City & State <b>WELLINGTON, FL</b>
Zip <b>33414</b>	Country <b>PAUM BEACH</b>

**24071589**



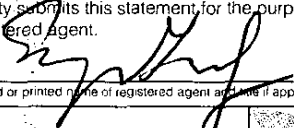
MOORE CR2E083 (4/04)

4. FEI Number <b>80-0031270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GASS, EUGENE F JR. 1231 ESSEX DR. WELLINGTON FL 33414</b>	
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7. Name and Address of New Registered Agent Name <b>GASS, EUGENE F JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>438 W RAMBLING DRIVE</b> City <b>WELLINGTON</b> FL Zip Code <b>33414</b>	
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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  DATE **6/30/04**

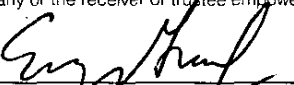
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 8, 2004</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>MGRM GASS, EUGENE F 804 MIDDLE LINE RD. BALLSTON SPA NY 12020</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **6/30/04** 561-644-8115

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