2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011224

Name
QUINN ASSOCIATES, LLC

Principal Place of Business	Mailing Address
309 NORTH HOWARD AVE TAMPA, FL 33606	309 NORTH HOWARD AVE TAMPA, FL 33606

01162006 No Chg-LLC CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2738564

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

QUINN, PAUL
309 N. HOWARD AVE
TAMPA, FL 33606

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

Filing Fee is $50.00
Due by May 1, 2006

000000398290
01/30/06-80089-020 50.00

MANAGING MEMBERS/MANAGERS

	MGRM
	QUINN, PAUL A SR
ADDRESS	309 N HOWARD AVE
ST-ZIP	TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Paul Quinn Paul Quinn 1/18/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #