2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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IGNATURE:

06 JUL -7 PM 12: 58 SLUNETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # L02000013474** QUALITY PROPERTIES, LLC Principal Place of Business Mailing Address 989 TAMIAMI TRAIL 989 TAMIAMI TRAIL PORT CHARLOTTE, FL 33953 PORT CHARLOTTE, FL 33953 04252006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 27-0014628 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCKINLEY, MICHAEL R DO NOT WRITE 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE DEGROSS, DEAN R NAME STREET ADDRESS 4211 EAGLE NEST CT CITY-ST-ZIP PORT CHARLOTTE, FL 33948 000077730620 07/19/06--01047--024 **48 TITLE WAF STREET ADDRESS DITY-ST-ZIP ITLE MAKE TREET ADDRESS DO NOT WRITE ITY - ST - ZIP ITLE IN THIS SPACE AME TREET ADDRESS ITY-ST-ZIP TLE WE TREE! ADDRESS

1. 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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