

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90103 012 \*\*\*143.75

<b>DOCUMENT # L02000013474</b> 1. Entity Name <b>QUALITY PROPERTIES, LLC</b>					
Principal Place of Business <b>989 TAMiami TRAIL PORT CHARLOTTE, FL 33953</b>			Mailing Address <b>989 TAMiami TRAIL PORT CHARLOTTE, FL 33953</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02182008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>27-0014628</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>MCKINLEY, MICHAEL R 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>21175 OLEAN BLVD</b> City <b>FL</b> Zip Code <b>33952</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEGROSS, DEAN R 4211 EAGLE NEST CT PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEGROSS, DEAN R 4211 EAGLE NEST CT PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEGROSS, DEAN R 4211 EAGLE NEST CT PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEGROSS, DEAN R 4211 EAGLE NEST CT PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEGROSS, DEAN R 4211 EAGLE NEST CT PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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.					
<b>SIGNATURE:</b>  <b>2/20/08</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					