2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED DOCUMENT # L03000002528 Apr 24, 2006 08:00 AN Secretary of State QUINN INVESTMENTS, LLC Principal Place of Business Mailing Address 325 BUTLER STREET 325 BUTLER STREET WINDERMERE, FL 34786 WINDERMERE, FL 34786 CR2E083 (11/05) 03212006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1649936 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MILLER, SOUTH & MILHAUSEN, P.A. 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789 IN THIS SPACE The same 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9, MANAGING MEMBERS/MANAGERS TITLE MGR NAME THOMAS, RICK Q STREET ADDRESS 325 BUTLER STREET CITY-ST-ZIP WINDERMERE, FL 34786 U00000533033 TITLE -05/06/06-80106-015 20-00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with thie 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:

STREET ADDRESS CITY-ST-ZIP

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