

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008741

FILED
Jan 22, 2007
Secretary of State

Entity Name: QUALITY HOME RENTALS, L.L.C.

Current Principal Place of Business:

3216 CORRINE DRIVE
ORLANDO, FL 32803

New Principal Place of Business:

407 LAKE HOWELL RD
108
MAITLAND, FL 32751

Current Mailing Address:

3216 CORRINE DRIVE
ORLANDO, FL 32803

New Mailing Address:

PO BOX 1496
GOLDENROD, FL 32733

FEI Number: 22-3897880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINLAN, SCOTT C
3216 CORRINE DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

QUINLAN, SCOTT C
407 LAKE HOWELL RD
108
MAITLAND, FL 32751 US

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.

SIGNATURE:

01/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUINLAN, SHARI L
Address: 3216 CORRINE DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: QUINLAN, SCOTT C
Address: 3216 CORRINE DRIVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QUINLAN, SHARI L
Address: 407 LAKE HOWELL RD, SUITE 108
City-St-Zip: MAITLAND, FL 32751

Title: MGR (X) Change () Addition
Name: QUINLAN, SCOTT C
Address: 407 LAKE HOWELL RD
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT C. QUINLAN

MGR

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date