

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032406

FILED
May 24, 2004
Secretary of State

Entity Name: FIRST QUALITY DEVELOPMENTS, LLC

Current Principal Place of Business:

20200 GRAHM LANE
LUTZ, FL 33558

New Principal Place of Business:

20200 GRAHAM LANE
LUTZ, FL 33558

Current Mailing Address:

20200 GRAHM LANE
LUTZ, FL 33558

New Mailing Address:

20200 GRAHAM LANE
LUTZ, FL 33558

FEI Number: 02-0704210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CRAVENS, MARC
Address: 20200 GRAHM LANE
City-St-Zip: LUTZ, FL 33558

Title: MGR () Delete
Name: CRAVENS, JILL M
Address: 20200 GRAHM LANE
City-St-Zip: LUTZ, FL 33558

Title: S (X) Delete
Name: CRAVENS, JILL M
Address: 20200 GRAHM LANE
City-St-Zip: LUTZ, FL 33558

Title: T (X) Delete
Name: CRAVENS, MARC
Address: 20200 GRAHM LANE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRAVENS, MARK
Address: 20200 GRAHAM LANE
City-St-Zip: LUTZ, FL 33558

Title: MGR (X) Change () Addition
Name: CRAVENS, JILL M
Address: 20200 GRAHAM LANE
City-St-Zip: LUTZ, FL 33558

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK CRAVENS

MGR

05/24/2004

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