


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # L03000032406 1. Entity Name FIRST QUALITY DEVELOPMENTS, LLC	
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Principal Place of Business 20200 GRAHAM LANE LUTZ, FL 33558	Mailing Address 20200 GRAHAM LANE LUTZ, FL 33558
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DO NOT WRITE IN THIS SPACE



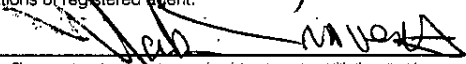
04032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0704210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CRAVENS, MARK E MR 20200 GRAHAM LANE LUTZ, FL 33558	DO NOT WRITE IN THIS SPACE
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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:  MARK CRAVENS 4/3/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

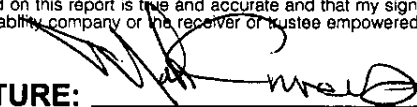
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAVENS, MARK 20200 GRAHAM LANE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAVENS, JILL M 20200 GRAHAM LANE LUTZ, FL 33558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/07-80049-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  MARK CRAVENS MANAGING MEMBER 4/3/07 (813) 948-2967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #