2007 LIMITED LIABILITY COMPANY. **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000055778

1. Entity Name QUALITY 41, L.L.C.



FILED May 04, 2007 08:00 A Secretary of State

Principal Place of Business

5445 JAEGER ROAD NAPLES, FL 34109

SIGNATURE:

SIGNATURE AND

Mailing Address

5445 JAEGER ROAD NAPLES, FL 34109



05022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-0730222		Not Applicable
5. Certificate of Status Desired	П	\$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CLAPPER, JOHN III 850 PARK SHORE DRIVE, SUITE 300 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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_	•	, may .	
	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 September 14, 2007		U00009761070 05/25/07-80041-007 50.00	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLDAVINI-CLAPPER, BRIGID 5455 JAGGER RD NAPLES, FL 34109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE - NAME -STREET ADDRESS- CITY-ST-ZIP	A gains of the second of the s	anguan Julian S	
11. I horeby certify that the information supplied with this filing does not ovally 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 standard 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 emwered to ecute this report as required by Chapter 608. Florida Statutes.			

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE