

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020846

Entity Name: LESLIE QUINN, P.L.

FILED
Feb 15, 2005
Secretary of State

Current Principal Place of Business:

1 NE FIRST AVENUE, SUITE 201
OCALA, FL 34470

New Principal Place of Business:

16910 S.E. U.S. HWY. 441
SUITE #205
SUMMERFIELD, FL 34491

Current Mailing Address:

1 NE FIRST AVENUE, SUITE 201
OCALA, FL 34470

New Mailing Address:

16910 S.E. U.S. HWY. 441
SUITE #205
SUMMERFIELD, FL 34491

FEI Number: 56-2439964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, LESLIE
1 NE FIRST AVENUE, SUITE 201
OCALA, FL 34470 US

Name and Address of New Registered Agent:

QUINN, LESLIE
16910 S.E. U.S. HWY. 441
SUMMERFIELD, FL 34491 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: LESLIE QUINN

02/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: QUINN, LESLIE
Address: 1 NE FIRST AVENUE, SUITE 201
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: QUINN, LESLIE
Address: 16910 S.E. U.S. HWY. 441
City-St-Zip: SUMMERFIELD, FL 34491

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: LESLIE QUINN

MS.

02/15/2005

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