2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007
Secretary of State

DOCUMENT# L04000025119

Entity Name: QUALITY BUILDERS OF MARION COUNTY, L.L.C.

Current Principal Place of Business:

1105 N.E. 63RD STREET
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

1105 N.E. 63RD STREET
OCALA, FL 34479

New Mailing Address:

FEI Number: 51-0498222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAXLEY, MILTON H II
1929 N.W. 12TH TERRACE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

DAUNHAUER, VANESSA M
821 NE 45TH PLACE
OCALA, FL 34479 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: VANESSA M. DAUNHAUER 03/07/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MIMS, CLAYTON B
Address: 1105 NE 63RD ST.
City-St-Zip: OCALA, FL 344791615

Title: MEM ( ) Delete
Name: DAUNHAUER, VANESSA M
Address: 821 NE 45TH PLACE
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DAUNHAUER, VANESSA M
Address: 821 NE 45TH PLACE
City-St-Zip: OCALA, FL 34479

Title: MGR (X) Change ( ) Addition
Name: MIMS, CLAYTON B
Address: 1105 NE 63RD STREET
City-St-Zip: OCALA, FL 34479

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: VANESSA M. DAUNHAUER MGRM 03/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date