

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000028195

Entity Name: QUAIL 107 LLC

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

7850 NW 146 ST
STE. 308
MIAMI LAKES, FL 33016

Current Mailing Address:

7850 NW 146 ST
STE. 308
MIAMI LAKES, FL 33016

New Principal Place of Business:

C/O MAYNARD RICH COS.
450 N. PARK RD #500
HOLLYWOOD, FL 33021

New Mailing Address:

C/O MAYNARD RICH COS
450 N. PARK RD #500
HOLLYWOOD, FL 33021

FEI Number: 57-1203391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, RICHARD
7850 NW 146 ST
STE. 308
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

SCHWARTZ, RICHARD
76 IVY RD
HOLLYWOOD, FL 33021 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: RICHARD SCHWARTZ

01/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SCHWARTZ, RICHARD
Address: 7850 NW 146 ST
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM () Delete
Name: MAYNARD, CARL K
Address: 7850 NW 146 ST
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHWARTZ, RICHARD
Address: 76 IVY RD
City-St-Zip: HOLLYWOOD, FL 33021

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: RICHARD SCHWARTZ

MGRM

01/10/2005

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