2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# L04000042736

Entity Name: QUICK HANGERS, LLC.

Current Principal Place of Business:

9838 OLD BAYMEADOWS RD.
327
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9838 OLD BAYMEADOWS RD.
327
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-1210082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANDUGANO, PEDRO T
830 OLD BAYMEADOWS RD.
92
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MANDUGANO, PEDRO T	
Address:	3400 TOWNSEND BLVD	
City-St-Zip:	JACKSONVILLE, FL 32277 US	
Title:	MGRM	( ) Delete
Name:	ROBLES, SALOMON	
Address:	8880 OLD KINGS RD. SOUTH #19W	
City-St-Zip:	JACKSONVILLE, FL 32257 US	
Title:	MGRM	( ) Delete
Name:	LADINO, REBECCA B	
Address:	9838 OLD BAYMEADOWS RD #327	
City-St-Zip:	JACKSONVILLE, FL 32256 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: PEDRO T. MANDUJANO MGRM 02/14/2006

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