2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90306 001 ****25.00
02-20-2006 90306 002 ****25.00

DOCUMENT # L04000046746

1. Entity Name
QUAM, L.L.C.

Principal Place of Business	Mailing Address
2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	2033 MAIN STREET SUITE 600 SARASOTA, FL 34237

02082006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
380 Interstate CT.		380 Interstate CT.	
Suite, Apt. #, etc.: Suite 204		Suite, Apt. #, etc.: Suite 204	
City & State: Sarasota, FL		City & State: Sarasota, FL	
Zip: 34240	Country: USA	Zip: 34240	Country: USA

4. FEI Number: 20-1272154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, TROY H
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name: Steven E. Greenfield
Street Address (P.O. Box Number is Not Acceptable): 380 Interstate CT.
Suite 204
City: Sarasota, FL Zip Code: 34240

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: Steven E. Greenfield DATE: 2/08/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYERS, TROY H 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Steven E. Greenfield 380 Interstate CT. Suite 204 Sarasota, FL 34240	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Steven E. Greenfield 2/8/06 941-378-5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #