


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90023 046 \*\*\*\*50.00

<b>DOCUMENT # L04000055599</b> 1. Entity Name <b>QUAIL RIDGE OF VERO BEACH, LLC</b>																																			
Principal Place of Business <b>2020 OLD DIXIE HIGHWAY SE, STE. 7</b> <b>VERO BEACH, FL 32962</b> <i>Suite 4</i>			Mailing Address <b>2020 OLD DIXIE HIGHWAY SE, STE. 7</b> <b>VERO BEACH, FL 32962</b> <i>Suite 4</i>																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																
City & State			City & State																																
Zip		Country		4. FEI Number <b>20-1434500</b>																															
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																																	
6. Name and Address of Current Registered Agent  <b>KIRK, WILLIAM N</b> <b>979 BEACHLAND BLVD.</b> <b>VERO BEACH, FL 32963</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																
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 <i>N/A</i> (NOTE: Registered Agent signature required when reinstating) DATE																																			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>MGRM</b>  <b>Stephen T. Smith</b>  <b>2020 Old Dixie Hwy SE, Suite 4</b>  <b>Vero Beach, FL 32962</b>  <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <b>MGRM</b>  <b>Douglas Hazel</b>  <b>2020 Old Dixie Hwy SE, Suite 4</b>  <b>Vero Beach, FL 32962</b>  <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Stephen T. Smith</b> <b>2020 Old Dixie Hwy SE, Suite 4</b> <b>Vero Beach, FL 32962</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Douglas Hazel</b> <b>2020 Old Dixie Hwy SE, Suite 4</b> <b>Vero Beach, FL 32962</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition										
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Stephen T. Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<i>Stephen T. Smith</i> Managing Member Date <b>4/14/05</b> Daytime Phone # <b>772.563.0307</b>																																