
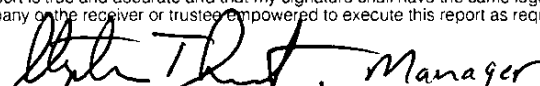


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90344 021 \*\*\*\*50.00

<b>DOCUMENT # L04000055599</b>					
<b>1. Entity Name</b> QUAIL RIDGE OF VERO BEACH, LLC					
<b>Principal Place of Business</b> 2020 OLD DIXIE HIGHWAY SE, STE. 4 VERO BEACH, FL 32962			<b>Mailing Address</b> 2020 OLD DIXIE HIGHWAY SE, STE. 4 VERO BEACH, FL 32962		
<b>2. Principal Place of Business - No P.O. Box #</b> 1701 Highway A2A		<b>3. Mailing Address</b> 1701 Highway A2A			
Suite, Apt. #, etc. Suite 309		Suite, Apt. #, etc. Suite 309			
City & State Vero Beach, FL		City & State Vero Beach, FL			
Zip 32963		Country USA		4. FEI Number 20-1434500	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  KIRK, WILLIAM N 979 BEACHLAND BLVD. VERO BEACH, FL 32963			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, STEPHEN T 2020 OLD DIXIE HWY SE STE 4 VERO BEACH, FL 32962		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Smith, Stephen T 1701 Highway A2A, Suite 309 Vero Beach, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAZEL, DOUGLAS 2020 OLD DIXIE HWY SE STE 4 VERO BEACH, FL 32962		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hazel, Douglas 1451 High Street, Suite 215 Washington, MO 63090	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  Manager			Date: 7/2.234.1770		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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