2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L04000066595** 05 APR -8 AH 10: 20 QUINN-HUNTER INVESTMENTS, LLC Principal Place of Business Mailing Address 6301 TAFT STREET **6301 TAFT STREET** HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUINN, JOHN J Street Address (P.O. Box Number is Not Acceptable) 6301 TAFT STREET HOLLYWOOD, FL 33024 Zip Code City FL 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 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MARM THILE ☐ Delete TITLE Change ☐ Addition NAME QUINN, JOHN H NAME QUINN, JOHN H. **644 FERN STREET** STREET ADDRESS WHH 6301 TAPT STREET STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP HILLYWOOD, FL 33024 MGRM Addition MGRM Change TITLE ☐ Delete TITLE QUINN, KEVIN QUINN, KEVIN NAME NAME 6311 TAFT STREET STREET ADDRESS **3480 31ST AVENUE** STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-ST-71P HOLLYWOOD, FL 33024 City-St-7IP 500501445<mark>999</mark> 04/07/05--01070--001 **60 ☐ Delete TITLE ☐ Addition TITLE NAME NAMÉ **600.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-77P 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. GTY 989 - XSSO SIGNATURE: KING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE