

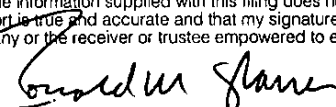


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90148 014 ****55.00

DOCUMENT # L04000070284 1. Entity Name QUAY INVESTMENTS, LLC					
Principal Place of Business 11 RIVER CREST COURT SEWALLS POINT, FL 34996-6515 US			Mailing Address 11 RIVER CREST COURT SEWALLS POINT, FL 34996-6515 US		
2. Principal Place of Business 3047 SE Island Point Lane		3. Mailing Address Ronald M. Warren, Esq.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 76 E. Euclid Ave. Suite 300			
City & State Stuart, FL		City & State Haddonfield, NJ			
Zip 34996		Country 		4. FEI Number 07222005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HALGAS, ROBERT C 11 RIVER CREST COURT SEWALLS POINT, FL 34996-6515			7. Name and Address of New Registered Agent Name Halgas, Robert C. Street Address (P.O. Box Number is Not Acceptable) 3047 SE Island Point Lane City Stuart FL Zip Code 34996		
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 Robert C. Halgas, Managing Member DATE 8/2/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALGAS, ROBERT C 11 CREST RIVER COURT SEWALLS POINT, FL 349966515	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			8/2/2005 856-795-7744		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		