2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Feb 21, 2006 8:00 am **Secretary of State** DOCUMENT # L04000070284 02-21-2006 90180 018 ****50.00 QUAY INVESTMENTS, LLC 20009609 Mailing Address Principal Place of Business 3047 SE ISŁAND POINT LANE RONALD M WARREN, ESQ. STUART, FL 34996 US 76 E EUCLID AVE, SUITE 300 HADDONFIELD, NJ 08033 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt, #-etc. 01032006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FELNumber Applied For APPLIED FOR Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALGAS, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 3047 SE ISLAND POINT LANE STUART, FL 34996 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 1D. ADDITIONS/CHANGES MGRM TITLE Delete TITLE 🔼 Change ☐ Addition HALGAS, ROBERT C NAME NAME Bornse Estin Point Lance 11 CREST RIVER COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEWALLS POINT, FL 349966515 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ₩ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORITED REPRESENTATIVE

FILED