


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90429 006 ****50.00

DOCUMENT # L04000073668

1. Entity Name
 QUILMASTER, L.L.C.



Principal Place of Business
 SPENCER HOUSE, SPENCER DRIVE
 NUTHALL NOTTINGHAM UNITED KINGDOM
 NG161DQ, XX

Mailing Address
 SPENCER HOUSE, SPENCER DRIVE
 NUTHALL NOTTINGHAM UNITED KINGDOM
 NG161DQ, XX

20011107



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01212006 Chg-LLC CR2E083 (11/05)

City & State
 Zip Country

4. FEI Number
 20-1990324

Applied For
 Not Applicable

City & State
 Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

City & State
 Zip Country

6. Name and Address of Current Registered Agent

BADWAY, JOE
 1402 S.E. 46TH LANE
 CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

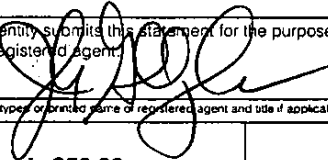
Name
 JOHN C. GALLAGHER

Street Address (P.O. Box Number is Not Acceptable)

3501 Del Prado Blvd. Suite 302

City CAPE CORAL FL Zip Code 33904

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  John C Gallagher 1/25/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

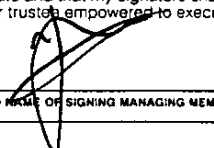
**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JERVIS, NOEL <input type="checkbox"/> Delete SPENCER HOUSE, SPENCER DRIVE, NUTHALL NOTTINGHAM, UK NG161DQ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JERVIS, ANDREW W <input type="checkbox"/> Delete 70 LATHAN LANE BERKELEY, CA 94708
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:  NOEL JERVIS 2/7/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #