


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 08:00 A
Secretary of State

DOCUMENT # L04000073668 1. Entity Name QUILMASTER, L.L.C.	
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Principal Place of Business SPENCER HOUSE, SPENCER DRIVE, NUTHALL NOTTINGHAM, UK NG161-DQ UK	Mailing Address SPENCER HOUSE, SPENCER DRIVE, NUTHALL NOTTINGHAM, UK NG161-DQ UK
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1990324	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GALLAGHER, JOHN C
 3501 DEL PRADO BLVD.
 SUITE 302
 CAPE CORAL, FL 33904

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

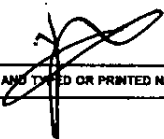
Filing Fee is \$50.00
Due by May 1, 2007

U00000762419
 05/29/07-80007-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JERVIS, NOEL SPENCER HOUSE, SPENCER DRIVE, NUTHALL NOTTINGHAM, UK NG161DQ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JERVIS, ANDREW W 70 LATHAM LANE BERKELEY, CA 94708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JERVIS, MARGARET C SPENCER HOUSE, SPENCER DRIVE, NUTHALL NOTTINGHAM, UK NG161DQ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JERVIS, SIMON R FLAT. 4, 197 QUEENSGATE LONDON, UK SW75EU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 4/25/07 +44 115 938 2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #