
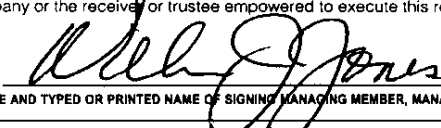


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |   |         |  |  |   |   |  |
|--|---|---------|--|--|---|---|--|
| <b>DOCUMENT # L05000019743</b><br>1. Entity Name<br><b>630 QUOD, LLC</b>   |   |         |  |   |   | <b>FILED</b><br><b>07 MAY 18 PM 12: 03</b><br>CLERK OF THE CIRCUIT COURT<br>JALANASSEE, FLORIDA |  |
| Principal Place of Business<br><b>555 N.E. 34TH STREET<br/>MIAMI, FL 33131</b>   |   |         |  | Mailing Address<br><b>555 N.E. 34TH STREET<br/>MIAMI, FL 33131</b>   |   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   |         |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |   |         |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   |         |  | City & State   |   |   |  |
| Zip  |   | Country |  | Zip  |   | Country   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SUNTRUST BANK<br/>ATTN: WILLIAM JONES<br/>777 BRICKELL AVENUE #200<br/>MIAMI, FL 33131</b>  |   |         |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |         |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |         |  | <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |         |  | <b>10. ADDITIONS/CHANGES</b>   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ECKSTEIN, HENRY J<br>555 NE 34TH STREET<br>MIAMI, FL 33137 |         |  | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | MGR<br>WILLIAM J JONES<br>555 NE 34 STREET<br>MIAMI, FL 33137                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>C. THOMAS GREENE<br>555 NE 34 STREET<br>MIAMI, FL 33137    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 300103894998<br>08/05/07--01015--003 **200.00                     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |         |  |  |   |   |  |
| <b>SIGNATURE:</b>  <b>WILLIAM J JONES</b> 4/23/07 305-529-7125  |   |         |  |  |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |   |         |  |  |   |   |  |