


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90067 043 \*\*\*\*50.00

<b>DOCUMENT # L05000029339</b> 1. Entity Name <b>MICHAEL QUARLES INSTALLATION, LLC</b>					
Principal Place of Business <b>1982 ROTH BURY DR JACKSONVILLE FL 32221</b>			Mailing Address <b>1982 ROTH BURY DR JACKSONVILLE FL 32221</b>		
2. Principal Place of Business <b>10493 Berhill Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>10493 Berhill Ct.</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b> Zip <b>32221</b> Country <b>US</b>		City & State <b>Jacksonville, FL</b> Zip <b>32221</b> Country <b>US</b>		4. FEI Number <b>02-0776642</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>QUARLES, MICHAEL 1982 ROTH BURY DR JACKSONVILLE FL 32221</b>			7. Name and Address of New Registered Agent Name <b>Michael Quarles</b> Street Address (P.O. Box Number is Not Acceptable) <b>10493 Berhill Ct.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32221</b>		
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 <b>Michael Quarles</b> <i>Michael Quarles</i> DATE <b>4-15-06</b> <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent Signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUARLES, MIKE 1982 ROTH BURY DR JACKSONVILLE FL 32221	<input type="checkbox"/> Delete			
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 Section 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: <b>Michael Quarles</b> <i>Michael Quarles</i> DATE <b>4-15-06</b> 904 8746968 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					