2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

Daylime Phone #

Date

	ANNUAL	REPORT		Jan 29, 2007 08:00 A
DOCU	MENT # L05000047	324		Secretary of State
1. Entity Nam				
DJ QUAL	ATT HOMES LLO			
Principal Plac	te of Business	Mailing Address		
108-05 LIBE	ERTY AVE	108-05 LIBERTY AVE		
RICHMONDH	ILL, NY 11419	RICHMONDHILL, NY 11419		
				E TRESTAIN BUT ABOUT 2011 BEING BERN BERN BERN BRIN BRAIN BURN HERRE UNIA KERN BUTAREN UN CARD
DO NOT WRITE IN THIS SPACE			01032007No Chg-LLC CR2E083 (11/05)	
			4. FEI Number Applied For 20-2842895 Not Applicable	
				5. Certificate of Status Desired 5.00 Additional
	E Name and Address of Corrent	Danistored Acoust	1	Fee Required
 .	6. Name and Address of Current	Kegisieled Agelli	1	
SINGH, FRANK 419 LARGOVISTA DRIVE WINTER GARDEN, FL 34787			!	DO NOT WRITE
			IN THIS SPACE	
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				
	tions of registered agent.	t the purpose of changing its register	co onico or rogicio	32 again, 0, 553, 1, 6, 5 and 5, 1, 5, 6, 6, 7
SIGNATUREX Kruh And				
Signature, typed or printed name of registered agent any official epiticable (NOTE. Registered Agent signature required when reinstating) DATE				
	iling Fee is \$50.00 hue by May 1, 2007			
9.	MANAGING MEMBE	RS/MANAGERS	-	
TITLE NAME	SINGH, FRANK			·
STREET ADDRESS CITY+ST-ZIP	419 LARGO VISTA DR WINTER GARDEN, FL 34787			U00000608244
TITLE	Watter Coursely, 12 09701		-	02/01/07-80003-007 50.00
NAME				
STREET ADDRESS CITY+ST-ZIP				
TITLE				
NAME STREET ADDRESS				DO NOT WOITE
CITY-ST-ZIP				DO NOT WRITE
TITLE NAME				IN THIS SPACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS CITY+ST-ZIP				
TITLE			-	
NAME				
STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied wi	th this filing does not qualify for the e	xemptions containe	ed in Chapter 113, Florida Statutes. I further certify that the information
indicatéd limited li	d on this report is true and accurate an ability company or the receiver or trust	d that my signature shall have the sa se empowered to execute this report	ame legal effect as as required by Ch	ed in Chapter 113, Florida Statutes. I further certify that the information if made under outh, that I am a managing member or manager of the apter 608, Florida Statutes.

URE: K SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING HANGING MAMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: ≰