

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061127

FILED
Mar 19, 2009
Secretary of State

Entity Name: CONDOQUAD LLC

Current Principal Place of Business:

4316 NEW RIVER HILLS PARKWAY
VALRICO, FL 33596

New Principal Place of Business:

Current Mailing Address:

4316 NEW RIVER HILLS PARKWAY
VALRICO, FL 33596

New Mailing Address:

FEI Number: 20-3446636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, JEFF
3924 S. NINE DR.
VALRICO, FL 33596 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHANDLER, JEFF
Address: 3924 S. NINE DR.
City-St-Zip: VALRICO, FL 33596

Title: MGRM () Delete
Name: REINHOLD, KEN
Address: 702 BARBERRY PLACE
City-St-Zip: BRANDON, FL 33510

Title: MGRM () Delete
Name: RAYMOND, RANDY
Address: 3809 S. NINE DR
City-St-Zip: VALRICO, FL 33596

Title: MGRM () Delete
Name: TOSCA, RICK
Address: 6607 PLOVER COURT
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFF CHANDLER

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date