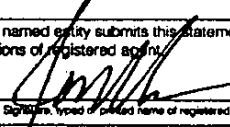


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2/ **Mar 29, 2007 8:00 am**
Secretary of State

02-12-2007 90307 033 ****55.00

DOCUMENT # L05000068814		
1. Entity Name TEMPORARY QUARTERS LLC		
Principal Place of Business 624 MONROE AVE UNIT 202 CAPE CANAVERAL, FL 32920		Mailing Address 624 MONROE AVE UNIT 202 CAPE CANAVERAL, FL 32920
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SALMEN, JOANNA S 624 MONROE AVE 202 CAPE CANAVERAL, FL 32920		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 the obligations of registered agent. SIGNATURE:  JOANNA S. SALMEN DATE: 1-12-07 (NOTE: Registered Agent signature required when reappointing)		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALMEN, JOANNA S 624 MONROE AVE, UNIT #202 CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  JOANNA S. SALMEN 3/26/07 321-784-6454 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



01072007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3054891	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**