2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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	Mailing Address
624 MONROE AVE UNIT 202 CAPE CANAVERAL, FL 32920	624 MONROE AVE UNIT 202 CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

SALMEN, JOANNA S
624 MONROE AVE
202
CAPE CANAVERAL, FL 32920

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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 1-12-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	SALMEN, JOANNA S
STREET ADDRESS	624 MONROE AVE, UNIT #202
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #