


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90067 032 \*\*\*\*50.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L05000079079</b>                 |  |  |
| 1. Entity Name<br><b>QUALITY PARTNERS, LLC</b> |  |   |

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|--|--|
| Principal Place of Business<br><b>229 CHARLIE BROWN ROAD<br/>DEFUNIAK SPRINGS FL 32435</b> | Mailing Address<br><b>P.O. BOX 778<br/>DEFUNIAK SPRINGS FL 32433</b> |
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|   |  |
|---|--|
| 2. Principal Place of Business<br><b>14 S 9th STREET</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>PO Box 778</b><br>Suite, Apt. #, etc. |
|---|--|

|  |  |
|--|--|
| City & State<br><b>Defuniak Springs FL</b> | City & State<br><b>Defuniak Springs FL</b> |
| Zip<br><b>32435</b>                        | Zip<br><b>32435</b>                        |
| Country<br><b>WALTON</b>                   | Country<br><b>WALTON</b>                   |



1st MOORE CR2E083 (10/05)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>20-3455700</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$5.00 Additional Fee Required                         |
| 6. Name and Address of Current Registered Agent<br><b>JEREMY DEAN FRETWELL<br/>229 CHARLIE BROWN ROAD<br/>DEFUNIAK SPRINGS FL 32435</b> |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |  |

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

|  |  |
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| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b> |  |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BEVERLY LYNN CLARK<br/>1768 MCLEOD ROAD<br/>DEFUNIAK SPRINGS FL 32435</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MILDRED JEAN CHAPMAN<br/>142 JASPER FLOYDE ROAD<br/>PONCE DE LEON FL 32455</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>JEREMY DEAN FRETWELL<br/>229 CHARLIE BROWN ROAD<br/>DEFUNIAK SPRINGS FL 32435</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date **1/20/06** Daytime Phone # **850-951-4899**