

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091855

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: QUINVEST MANAGEMENT, LLC

**Current Principal Place of Business:**

1400 NW 9TH AVENUE, SUITE 19  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NW 9TH AVENUE, SUITE 19  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLAKE, SANDRA  
1400 NW 9TH AVENUE, SUITE 19  
BOCA RATON, FL 33486 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: MGR ( ) Delete  
Name: BLAKE, SANDRA  
Address: 1400 NW 9TH AVENUE, SUITE 19  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Delete  
Name: NEYMAN, RICHARD F JR  
Address: 12434 QUERCUS LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete  
Name: PATTON, JAMES W  
Address: 2410 METROCENTRE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM ( ) Delete  
Name: COLEMAN, MARK  
Address: 216 CHASE STREET  
City-St-Zip: SONOMA, CA 95476

Title: MGRM ( ) Delete  
Name: SADLER, IAN  
Address: 19815 DINNER KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM ( ) Delete  
Name: MILLER, JOSHUA  
Address: 10363 186TH CT SOUTH  
City-St-Zip: BOCA RATON, FL 33498

**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:

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 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: SANDRA BLAKE

MGR

01/25/2006

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