2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000093665

1. Entity Name
QUADE BROTHERS, LLC



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

12046 CITATION ROAD SPRING HILL, FL 34610 Mailing Address

12046 CITATION ROAD SPRING HILL, FL 34610



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3511959

S. Certificate of Status Desired

4. FEI Number
20-3511959

Not Applicable

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HINES, JAMES P JR ESQ 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606

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.

Signature, typed or printed name of registered agent and title il applicable.

(NOTE: Registered Agent alignature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	QUADE, JOHN A	
STREET ADDRESS	12046 CITATION RD.	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	MGRM	
NAME	QUADE, ROBERT A	
STREET ADDRESS	7104 COMBS RD.	
CITY-ST-ZIP	INDIANAPOLIS, IN 46237	
TITLE		
NAME		
Street Address		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	•	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	·	
NAME		
STREET ADDRESS	•	
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exploitated on this report is true and accurate and that my signature shall have the sar		

DO NOT WRITE IN THIS SPACE

U00000723305 05/02/07-80066-017 50.00

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 asymmetre 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: JALA A. Quade

OR AUTHORIZED REPRESENTATIVE

/ / 0

Daytime Phone #