

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 012 ****50.00

DOCUMENT # L05000105303

1. Entity Name

QUALITY COMMERCIAL DEVELOPERS, LLC



Principal Place of Business

% AI GROUP, LLC ATTN: JOHN WANAMAKER, CCIM
2574 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763

Mailing Address

% AI GROUP, LLC ATTN: JOHN WANAMAKER, CCIM
2574 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

60034389



1019 Town Center Drive
Orange City, Florida 32763

1019 Town Center Drive
Orange City, Florida 32763

13272007 Chg-LLC CR2E083 (12/06)

FEL Number 20-3864083 Applied For Not Applicable

Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WANAMAKER, JOHN CCIM 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763		Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) 1019 Town Center Drive Orange City, Florida 32763 L Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE <u>John Wanamaker</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/4/07</u> Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State			

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WANAMAKER, JOHN 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Same</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1019 Town Center Drive Orange City, Florida 32763 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 John Wanamaker 4/4/07 386-775-8633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #