

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90071 040 ****50.00

DOCUMENT # L05000110804					
1. Entity Name QUINTET VENTURES, LLC					
Principal Place of Business 7044 BEECHMONT TERRACE BRADENTON, FL 34202			Mailing Address 7044 BEECHMONT TERRACE BRADENTON, FL 34202		
2. Principal Place of Business 5306 Paylor Lane		3. Mailing Address 5306 Paylor Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34240		Zip 34240			
4. FEI Number 20-4056666		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SELLS, ALYSSA M ESQ. 1515 RINGLING BLVD., SUITE 840 SARASOTA, FL 34236					
7. Name and Address of New Registered Agent Name: <u>Doerr, Kenneth D.</u> Street Address (P.O. Box Number is Not Acceptable): <u>240 S. Pineapple Ave., 10th Floor</u> City: <u>Sarasota</u> <u>FL</u> Zip Code: <u>34236</u>					
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: <u>[Signature]</u> DATE: <u>7/20/06</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM QUATTRO VENTURES, LLC 7044 BEECHMONT TERRACE BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Bright Red, LLC 5306 Paylor Lane Sarasota, FL 34240	<input type="checkbox"/> Change <input checked="" 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
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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: <u>[Signature]</u> <u>Kenneth D. Doerr, Authorized Representative</u> <u>7/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					