2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2006
Secretary of State

DOCUMENT# L05000123089

Entity Name: QUINTON DOUGLAS LLC

Current Principal Place of Business:

831 ASHTON COVE TERRACE
JACKSONVILLE, FL 32218

New Principal Place of Business:

749 CARRIAGE HILL DRIVE
JACKSONVILLE, FL 32218

Current Mailing Address:

831 ASHTON COVE TERRACE
JACKSONVILLE, FL 32218

New Mailing Address:

749 CARRIAGE HILL DRIVE
JACKSONVILLE, FL 32218

FEI Number: 20-3995823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOUGLAS, QUNITON L
831 ASHTON COVE TERRACE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

DOUGLAS, QUNITON L
749 CARRIAGE HILL DRIVE
JACKSONVILLE, FL 32218 US

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: QUINTON L DOUGLAS 09/11/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DOUGLAS, QUINTON L
Address: 831 ASHTON COVE TERRACE
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DOUGLAS, QUINTON L
Address: 749 CARRIAGE HILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

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: QUINTON L DOUGLAS MGR 09/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date