

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

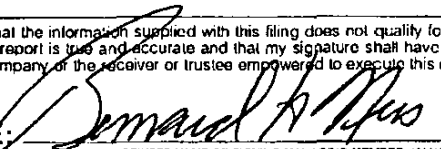
FILED
May 17, 2007 8:00 am
Secretary of State

04-30-2007 90040 031 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000005473					
1. Entity Name 5N'S QUAIL WEST II, LLC					
Principal Place of Business 7945 SW PAUROTIS HOBE SOUND FL 33455			Mailing Address 7945 SW PAUROTIS HOBE SOUND FL 33455		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3867124	Applied For Not Applicable
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COVEY, JAMES P ESQUIRE 1111 SE FEDERAL HWY SUITE 118 STUART FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NEES FAMILY ENTERPRISES, LP 7945 SE PAUROTIS LANE HOBE SOUND FL 33455	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Date: 4/16/07 772-287-9447		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		