2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# L06000011997

Entity Name: QUALITY MODULAR HOMES LLC

Current Principal Place of Business:

301 REID STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 1973
PALATKA, FL 32178

New Mailing Address:

FEI Number: 20-4271111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, JACK W
301 REID STREET
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALLEN, JACK W
Address: 301 REID STREET
City-St-Zip: PALATKA, FL 32177

Title: MGR ( ) Delete
Name: ALLEN, BETTY L
Address: 301 REID STREET
City-St-Zip: PALATKA, FL 32177

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: BOHANNON, JESSIE
Address: 301 REID STREET
City-St-Zip: PALATKA, FL 32177

Title: MGR ( ) Change (X) Addition
Name: ALLEN, KEVIN
Address: 301 REID STREET
City-St-Zip: PALATKA, FL 32177

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: JACK W ALLEN MGR 03/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date