
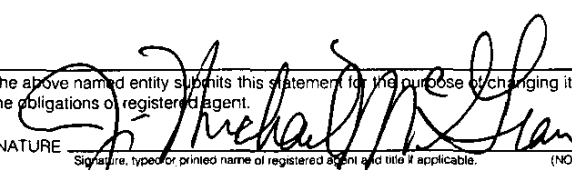
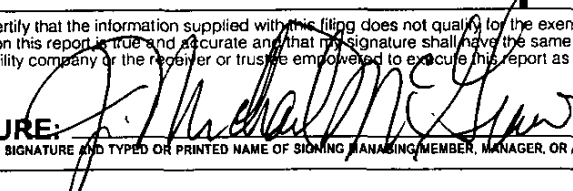


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90072 008 \*\*\*\*50.00

<b>DOCUMENT # L06000022949</b> 1. Entity Name <b>QUICK DRAW ENTERPRISES I, LLC</b>			
Principal Place of Business <b>6501 JOHN THOMAS DRIVE ALEXANDRIA, VA 22315</b>		Mailing Address <b>6501 JOHN THOMAS DRIVE ALEXANDRIA, VA 22315</b>	
2. Principal Place of Business - No P.O. Box # <b>10029 Gulf Center Dr.</b>		3. Mailing Address <b>28035 Grossetto Way</b>	
Suite, Apt. #, etc. <b>Suite 7-250</b>		Suite, Apt. #, etc. 	
City & State <b>FL Myers FL</b>		City & State <b>Bonita Springs</b>	
Zip <b>33913</b>		Zip <b>FL</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>45-0548433</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SACULLA, BILL 417 CHERYL COURT JACKSONVILLE, FL 32259</b>		7. Name and Address of New Registered Agent Name <b>J. Michael McGraw</b> Street Address (P.O. Box Number if Not Applicable) <b>28035 Grossetto Way</b> City <b>Bonita Springs</b> <b>FL</b> <b>34135</b>	
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  DATE <b>2-26-2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MCGRW, J. MICHAEL</b> <b>6501 JOHN THOMAS DRIVE</b> <b>ALEXANDRIA, VA 22315</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>McGraw, J. Michael</b> <b>28035 Grossetto Way</b> <b>Bonita Springs, FL 34135</b>
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
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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: 		Date <b>2-26-2007</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			