## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000038897

SIDANI, BAHA

526 DARCEY DRIVE

WINTER PARK, FL 32792 US

Name:

Address:

City-St-Zip:

Entity Name: QUALITY HOMES USA LLC

FILED Aug 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 526 DARCEY DRIVE WINTER PARK, FL 32792 US **Current Mailing Address: New Mailing Address:** 526 DARCEY DRIVE WINTER PARK, FL 32792 US FEI Number: 20-4700790 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIDANI, BAHA 526 DARCEY DRIVE WINTER PARK, FL 32792 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete GAKHAL, SADHU S Name: Name: 45 GOLDTHORN HILL Address: Address: City-St-Zip: WOLVERHAMPTON, UK WV2 3HR UK City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: GAKHAL, SATNAM K Name: Address: 45 GOLDTHORN HILL Address: WOLVERHAMPTON, UK WV2 3HR UK City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition GAKHAL, KULDIP S Name: Name: Address: 45 GOLDTHORN HILL Address: City-St-Zip: WOLVERHAMPTON, UK WV2 3HR UK City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: GAKHAL, AMARPAL S Name: 45 GOLDTHORN HILL Address: Address: City-St-Zip: WOLVERHAMPTON, UK WV2 3HR UK City-St-Zip: Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BAHA SIDANI MGR 08/12/2009