

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048994

Entity Name: QUARTAZ PROPERTY LLC

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

15016 LAKE AZURE DR.
ORLANDO, FL 32824

New Principal Place of Business:

4201 KISSIMMEE PARK ROAD
ST. CLOUD, FL 34772

Current Mailing Address:

15016 LAKE AZURE DR.
ORLANDO, FL 32824

New Mailing Address:

4201 KISSIMMEE PARK ROAD
ST. CLOUD, FL 34772

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, SHERRY D
15016 LAKE AZURE DR.
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

AUSTIN, SHERRY D
4201 KISSIMMEE PARK ROAD
ST. CLOUD, FL 34772 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:

01/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AUSTIN, JEFFREY S
Address: 15016 LAKE AZURE DR.
City-St-Zip: ORLANDO, FL 32824

Title: MGRM () Delete
Name: AUSTIN, SHERRY D
Address: 15016 LAKE AZURE DR.
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AUSTIN, JEFFREY S
Address: 4201 KISSIMMEE PARK ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM (X) Change () Addition
Name: AUSTIN, SHERRY D
Address: 4201 KISSIMMEE PARK ROAD
City-St-Zip: ST. CLOUD, FL 34772

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.

SIGNATURE: SHERRY D. AUSTIN

MGRM

01/16/2008

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