## FILED Sep 10, 2007 8:00 am Secretary of State

<b>4</b> 0	U/ LIMITED LIADILITY COMPANT
	ANNUAL REPORT

DOCUMENT # L06000054833  1. Entity Name QUICKSILVER 100 ENTERPRISES LLC						09-10-2007	90220 0	01 ***25	0.00		
Principal Place of Business 124 E. WELBOURNE AVENUE SUITE 4 WINTER PARK, FL 32789 US		Mailing Address 124 E. WELBOURNE AVENUE SUITE 4 WINTER PARK, FL 32789			30012793						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08302007	Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State			4. FEI Numi	Der 20-4961	813		plied For t Applicable	
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired		П	\$5.00 Additional Fee Required		
6. Name and Address of Current R			legistered Agent Name			7. Name an	d Address of New F	Registered A	\gent		
PABALIS, V. MICHAEL 124 E. WELBOURNE AVENUE						(P.O. Box Number is Not Acceptable)					
SUITE 4 WINTER PARK, FL 32789							<del> </del>				
					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 .	Signature, typed o	r printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signsture required	I when reinstating)		DATE			
Filing Fee is \$50.00 Due by September 14, 2007							ľ	e check p a Departm	ayable to ent of State	•	
9.	· · · · · · · · · · · · · · · · · · ·	MANAGING MEMBER	I RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE NAME				THE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	124 E. WELBOURNE AVENUE, SUITE 4			STRE	EET ADDRESS -ST-ZIP						
TITLE	MGRM Dekte Till			_				☐ Change	☐ Addition		
NAME Street address City-St-Zip	124 E. WELBOURNE AVENUE, SUITE 4 SIP				EET ADORESS -ST-ZIP						
TITLE			☐ Delete	E			_ , , ,	Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	Si				EET ADDRESS '-ST-ZIP						
TITLE	☐ Delete Till								☐ Change	Addition	
NAME STREET ADDRESS				NAM STRE	eet address						
CITY-ST-ZIP			☐ Delete	CITY	-ST-ZIP			···	☐ Change	☐ Addition	
NAME				NAM	IE .				·		
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE			☐ Delete	TITL	i i	,			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				4	le Eet address '-st-zip						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida Statutes. I further certify that the information indicated on this report is true and eccurate 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, Rorida Statutes.											
9-6-07											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Desgrape Prome #											