2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L06000059725

Entity Name: QUALITY CONDOMINIUM MANAGEMENT LLC.

Current Principal Place of Business:

4536 S CLYDE MORRIS BLVD
UNIT 2
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

4536 S CLYDE MORRIS BLVD
UNIT 2
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 20-5087587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOCKER, JEFF
4536 S CLYDE MORRIS BLVD
UNIT 2
PORT ORANGE, FL 32129 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:	PRES	( ) Delete
Name:	BLOCKER, JEFF	
Address:	4536 S CLYDE MORRIS BLVD #2	
City-St-Zip:	PORT ORANGE, FL 32129 US	
Title:	SECR	( ) Delete
Name:	CRINER, DAVE	
Address:	4536 S CLYDE MORRIS BLVD	
City-St-Zip:	PORT ORANGE, FL 32129 US	
Title:	TREA	( ) Delete
Name:	CROSS, JIM	
Address:	4536 S CLYDE MORRIS BLVD. #2	
City-St-Zip:	PORT ORANGE, FL 32129 US	
Title:	VP	( ) Delete
Name:	CURRIE, JOHN	
Address:	4536 S CLYDE MORRIS BLVD.#2	
City-St-Zip:	PORT ORANGE, FL 32129 US	

ADDITIONS/CHANGES:

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

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: KRISTIN THOMASON MGR 03/30/2009

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