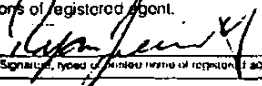
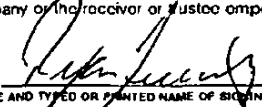


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90310 011 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                 |                                                                                                                                         |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| DOCUMENT # L06000077411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                 |                                                                                                                                         |  |  |
| 1. Entity Name<br><b>QUIMBY'S, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                 |                                                                                                                                         |                                                                                   |  |
| *Principal Place of Business<br><b>2203 S. FERDON BLVD.<br/>CRESTVIEW FL 32536<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                 | Mailing Address<br><b>2203 S. FERDON BLVD.<br/>CRESTVIEW FL 32536<br/>US</b>                                                            |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                                 | 3. Mailing Address                                                                                                                      |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                 | Suite, Apt. #, etc.                                                                                                                     |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                 | City & State                                                                                                                            |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         | Country                         |                                                                                                                                         | Zip                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                 |                                                                                                                                         | Country                                                                           |  |
| 4. FEI Number<br><b>41-2213744</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |                                 |                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                 |                                                                                                                                         | <b>\$5.00</b> Additional Fee Required                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>QUIMBY, RYAN R<br/>313 ASHLEY DR.<br/>CRESTVIEW FL 32536</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE  DATE <b>2/15/07</b><br><small>Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when transferring)</small>    |                                                                         |                                 |                                                                                                                                         |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                 |                                                                                                                                         |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                 | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MGRM<br>QUIMBY, RYAN R<br>313 ASHLEY DR.<br>CRESTVIEW FL 32536          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MGR<br>QUIMBY, CHRISTIE R<br>2203 S. FERDON BLVD.<br>CRESTVIEW FL 32536 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST /ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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>2/15/07</b> <b>8506825333</b>                                                                                                  |                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                 | <small>City</small>                                                                                                                     |                                                                                   |  |