2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 14, 2008 8:00 am Secretary of State **DOCUMENT # L06000082275** 04-14-2008 90269 001 ***277.50 1. Entity Name MANY QUARTERS, LLC Mailing Address Principal Place of Business 30003860 P.O. BOX 831181 **76 PECAN DRIVE** OCALA, FL 34472 OCALA, FL 34483-1181 3. Mailing Address 2. Principal Place of Business - No P.O. Box # P.O. 90+ 772648 7982 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number City & State City & State OCACA 56-2604527 Not Applicable DUNNELLON Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 34477-2648 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALMBB2-SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 nanskom statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept 8. The above named e the obligations of re SIGNATURE Signature RUSSEL Jun 387 ed Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition MLE MGR ☐ Delete TITLE KUSSEL GRUBB) GRUBBS, RUSSELL NAME NAME **76 PECAN DRIVE** STREET ADDRESS STREET ADDRESS 82 Em (40) OCALA, FL 34472 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ST ☐ Delete TILLE RWSELL GMBB> MLE GRUBBS, RUSSELL NAME 7982 SW 1467 AV. **76 PECAN DRIVE** STREET ADDRESS STREET ADDRESS *3*4432 CITY-ST-ZIP OCALA, FL 34472 CHY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition HILE □ Delete TITLE NAME STREET ANNAESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete MILE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIDE □ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 stee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information sup-indicated on this report is true and accu-limited liability company or the receiver. SIGNATURE