


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90117 037 ****50.00

DOCUMENT # L06000086328 1. Entity Name QUADVENTURE, LLC	
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Principal Place of Business 300 LAKE ELLA ROAD FRUITLAND PARK, FL 34731	Mailing Address 300 LAKE ELLA ROAD FRUITLAND PARK, FL 34731
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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	Country	



03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number EIN 20-5520425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, ROBERT Q ESQ. 380 W. ALFRED STREET TAVARES, FL 32778	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADMONIUS, ANN K			NAME			
STREET ADDRESS	10760 WEST HIGHWAY 326			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 33482			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADMONIUS, TIMOTHY J			NAME			
STREET ADDRESS	10760 WEST HIGHWAY 326			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 33482			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHRN, KENNETH			NAME			
STREET ADDRESS	10760 WEST HIGHWAY 326			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 33482			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN-COHRN, DESIREE			NAME			
STREET ADDRESS	15714 ACORN CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	TAVARES, FL 32778			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GINN, PAMELA E			NAME			
STREET ADDRESS	9680 N.W. 80TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34482			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAHN, JACK K			NAME			
STREET ADDRESS	9680 N.W. 80TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34482			CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 *Anita Valdez* 3-6-07