

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086328

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: QUADVENTURE, LLC

**Current Principal Place of Business:**

300 LAKE ELLA ROAD  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

**Current Mailing Address:**

300 LAKE ELLA ROAD  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

300 LAKE ELLA RD  
FRUITLAND PK, FL 34731

FEI Number: 20-5520425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, ROBERT Q ESQ.  
380 W. ALFRED STREET  
TAVARES, FL 32778 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: MGRM  
Name: VALDEZ, ANITA  
Address: 300 LAKE ELLA RD  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: MGRM  
Name: ADMONIUS, TIMOTHY J  
Address: 10760 WEST HIGHWAY 326  
City-St-Zip: OCALA, FL 33482

Title: MGRM  
Name: COHRN, KENNETH  
Address: 15714 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: MGRM  
Name: COLEMAN-COHRN, DESIREE  
Address: 15714 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: MGRM  
Name: GINN, PAMELA E  
Address: 9680 N.W. 80TH AVENUE  
City-St-Zip: OCALA, FL 34482

Title: MGRM  
Name: HAHN, JACK K  
Address: 9680 N.W. 80TH AVENUE  
City-St-Zip: OCALA, FL 34482

I hereby 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: ANITA VALDEZ

MGRM

01/06/2010

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