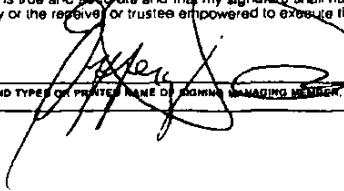


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-14-2007 90217 005 ****50.00

DOCUMENT # L06000088236					
1. Entity Name MEDITERRANEAN QUARTER, LLC					
Principal Place of Business 1804 MICCOSUKEE COMMONS DR SUIT 202 TALLAHASSEE, FL 32308			Mailing Address 1804 MICCOSUKEE COMMONS DR SUIT 202 TALLAHASSEE, FL 32308		
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. FEJ Number 20-5512707	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILLER, DANNY R 1600 REYNOLDS ROAD QUINCY, FL 32351				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MANAGING MEMBER	☐ Change ☒ Addition
NAME	MILLER, DANNY		NAME	JEFFERY SHIVERS	
STREET ADDRESS	1600 REYNOLDS ROAD		STREET ADDRESS	1804 MICCOSUKEE COMMONS DR, STE 202	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ Delete	TITLE		☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this form 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: 			Date: 2/12/07 Daytime Phone #: 8505230004		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30001007



01052007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

\$5.00 Additional Fee Required

FL Zip Code