

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jun 21, 2007 8:00 am
Secretary of State**

05-24-2007 90406 027 ****50.00

1. Entity Name QUALITY HOMES, LLC		 30011069	
Principal Place of Business 13194 US HWY 301 S STE 206 RIVerview, FL 33569		Mailing Address 13194 US HWY 301 S STE 206 RIVerview, FL 33569	
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
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			
MUENCH, STEPHEN 13194 US HWY 301 S STE 206 RIVerview, FL 33569			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>(NOTE: Registered Agent signature required when resubmitting)</small> DATE			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME MUENCH, STEPHEN STREET ADDRESS 13194 US HWY 301 S CITY-ST-ZIP RIVerview, FL 33569		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGRM NAME MUENCH, ANDREA STREET ADDRESS 13194 US HWY 301 S CITY-ST-ZIP RIVerview, FL 33569		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 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: 		5-1-07 813-741-1112 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <small>Date</small> <small>Daytime Phone #</small>	