


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90067 044 ***138.75

DOCUMENT # L07000012957 1. Entity Name S QUAD PROPERTIES, L.L.C.					
Principal Place of Business 201 FISHERMAN'S WAY JUPITER, FL 33477			Mailing Address 201 FISHERMAN'S WAY JUPITER, FL 33477		
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"/>			01132008 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-8410747 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
6. Name and Address of Current Registered Agent SCHNELL, STEVEN M.D. 201 FISHERMAN'S WAY JUPITER, FL 33477			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	SCHNELL, STEVEN M.D. <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	201 FISHERMAN'S WAY		STREET ADDRESS		
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP		
TITLE	MGRM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUSTER, STEVEN M.D. <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	201 FISHERMAN'S WAY		STREET ADDRESS		
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Steven J. Schnell</i>			1/15/08 561 747-4994		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					