

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000024596

**FILED**  
**Jun 06, 2008**  
**Secretary of State****Entity Name:** FOX DEVELOPMENT/QUAIL WEST, LLC**Current Principal Place of Business:**3893 MANNIX DRIVE  
UNIT 522  
NAPLES, FL 34114**New Principal Place of Business:****Current Mailing Address:**3893 MANNIX DRIVE  
UNIT 522  
NAPLES, FL 34114**New Mailing Address:****FEI Number:** 32-0195861**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CHEFFY, JANE YEAGER  
2375 TAMiami TRAIL NORTH  
#310  
NAPLES, FL 34103 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:** MGR ( ) Delete  
**Name:** FOX, KENNETH  
**Address:** 3893 MANNIX DRIVE  
**City-St-Zip:** NAPLES, FL 34114**Title:** MGR (X) Delete  
**Name:** SPEZIO, JOSEPH  
**Address:** 3893 MANNIX DRIVE  
**City-St-Zip:** NAPLES, FL 34114**ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** SPEZIO, JOSEPH  
**Address:** 8222 ROUTES 5 & 20  
**City-St-Zip:** WEST BLOOMFIELD, NY 14585**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSEPH SPEZIO

MGR

06/06/2008

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