

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066503

FILED
Sep 02, 2008
Secretary of State

Entity Name: QUAMMEN PROPERTY MANAGEMENT, L.L.C.

Current Principal Place of Business:

1400 SOUTH ORLANDO AVENUE
SUITE 204
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 560099
MONTVERDE, FL 347560099 US

New Mailing Address:

FEI Number: 26-0420219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
SUITE 4
ORLANDO, FL 32803 US

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: QUAMMEN, LAWRENCE R
Address: P O BOX 560099
City-St-Zip: MONTVERDE, FL 347560099 US

Title: MGR () Delete
Name: QUAMMEN, ROBECCA L
Address: P O BOX 560099
City-St-Zip: MONTVERDE, FL 347560099 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAWRENCE R QUAMMEN

MGR

09/02/2008

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