

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066503

FILED  
May 01, 2010  
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:**

17708 CR 455  
MONTVERDE, FL 34756 US

**Current Mailing Address:**

P.O.BOX 560099  
MONTVERDE, FL 347560099 US

**New Mailing Address:**

P.O.BOX 560070  
MONTVERDE, FL 34756 US

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

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

I hereby 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

05/01/2010

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