File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address
of Limited Liability Company

DOCUMENT # L9600000393

QUAIL WOODS PROPERTIES, L.C. 4152 WEST BLUE HERON BLVD. STE 116 RIVIERA BEACH FL 33404 FILED

98 MAY -8 PM 4: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

4152 WEST BLUE HERON BLVD. S RIVIERA BEACH FL 33404

2. Principal Place of Business 2a. Mail			ng Address			3.	Date Organize	d or Qualified	3a. State of Formation		
						o	04/04/1996		FL		
Suite, Apt. #, etc. Suite,			Suite, Ap	pi. #, eic .			4.	4. FEI Number Applied For			1 For
City & State City & St			ate								
							5. Date of Last Report 6. Certificate of Status Das			•	
Z ip	Country Zip		Zip	Country		ry	5, 1	Date of Last H	eport	6. Certificate of Status	
							ا ا	5/01/1	997	\$8.75 Additional Fee Requ	ned
7. Name and Address of Current Registered /						B. Name and Address of New				ered Agent/Office	
						Name					
SCHICKEDANZ, WALDEMAR											
4152 WEST BLUE HERON BLVD. STE 1 RIVIERA BEACH FL 33404					16	Street Address (P.O. Box Number is Not Acceptable)					
KIVIEKA BEACH IL 33404				Sulte, Apt. #, etc.			#. etc.				
							,				
				City						Zip Code	
·						F			FL	,	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing											hanging
its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.										intment	
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature require							reinstaling)		PATE		
10. Title	tle Managing Members/Managers			Business Street Address			ddress		City, State and Zip Code		
MODIA	0007000			4450							ļ
MGKM	SCHICKE	DANZ	ENTERPRISE	4152	WEST	BLUE	HERON	BLVD.	RIVIER	A BEACH FL	
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

NATURIC AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4124198

(561) 845-8797

Daytime Phone t