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		000001396							
Entity Name  QUAD PROPERTIES, L.C.						00 APR 28 AM 9: 22			
ZOAD FAI	OFERNES, E.C.								
						SECRETARY OF FALLAHASSEE,	FSIAIE FLORINA		
rincipal Place		Mailing Address					TEOMIDA.		
12108 N. 56TH STREET 12108 N. 56TH STREET TAMPA FL 33617 TAMPA FL 33617-1686					,				
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Principal Place of Business . 3. Mailing Address					BI3 BIB (B314 1884 8814) 884	<b>       </b>			
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		<del></del>	—  <sub>~</sub>	DO NOT WRITE IN	I THIS SPACE		
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City & State		City & State			4. FEI Numb	<sup>er</sup> 59-3507830	<del></del>	pplied For ot Applicable	
Zip	Country	Zip	Coun	try	5 Certificate	of Status Desired	\$5.00 Ad	ditional	
	& Name and Address of Cur	rent Begistered Agent		<del>-</del>		Address of New Regis	Fee Require	9d	
	6. Name and Address of Cur	iem vedisteren adeur		Name	r, name and	Address of New Hegis	rered Agent		
QUAD REN	NTING, INC.			Street Address (P.O. Box Number is Not Acceptable)					
	56TH STREET							·	
TAMPA FL	33617								
			1	City			FL Zip Coo	de	
gnature _	named entity submits this stateme	agent and title if applicable.	(NOTE: Registered	d Agent signature req	uired when reinstating)	th, in the State of Florida.	DATE		
gnature _		agent and title if applicable.	(NOTE: Registered	d Agent signature req	uired when reinstating)	th, in the State of Florida.			
IGNATURE _	Signature, typed or printed name of registered  MANAGING MI	agent and title if applicable.  FIL  Make Chec	(NOTE: Registered	d Agent signature req	uired when reinstating)	th, in the State of Florida.  ADDITIONS/CHA	DATE		
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GNATURE	Signature, typed or printed name of registered  MANAGING MI  MGR  QUAD RENTING, INC.  12108 N. 56TH STREET	agent and title if applicable.  FIL  Make Chec	(NOTE: Registered  E NOW!!! I ck Payable to  10.  TITLE MAM  STRE	d Agent signature req FEE IS \$50.0 o Departmen  E E E T ADDRESS	uired when reinstating)		DATE	Addition	
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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 truster impowered to execute this report is required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING DEMBER OR MANAGER

2000 UNIFORM BUSINESS REPORT (UBR)

Date

Daytime Phone #