

2<sup>nd</sup> and File on or before Sep 1999 or Limited Liability Company  
NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
**\$ 588.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L98000000916**  
  
**QUINCY CIRCLE OF NORTHWEST FLORIDA, L.L.C.**  
4501 N. DAVIS HIGHWAY, SUITE A  
PENSACOLA FL 32503

1a. Principal Place of Business Address  
  
4501 N. DAVIS HIGHWAY, SUITE  
PENSACOLA FL 32503

2. Principal Place of Business State, Apt. #, etc. City & State Zip	2a. Mailing Address 316 S BAYLEN ST Suite, Apt. #, etc. ATTN: SAB City & State PENSACOLA FL Zip 32501 Country USA
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3. Date Organized or Qualified 06/26/1998	3a. State of Formation FL
4. FEI Number 59-3582739	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
IRVIN, ELVIN COY  
4501 N. DAVIS HIGHWAY, SUITE A  
PENSACOLA FL 32503

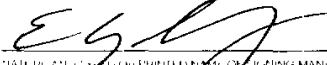
8. Name and Address of New Registered Agent/Office  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
FL  
Zip Code

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 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Agent, if Agent is not the Registered Agent, the Registered Agent's signature is required when re-registering.)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	IRVIN, ELVIN COY	4501 N DAVIS HIGHWAY, SUITE A	PENSACOLA FL
MGR	ORTH, ROGER M	4501 N DAVIS HIGHWAY, SUITE A	PENSACOLA FL

11. I do 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:  7-13-99 850-476-9000  
SEAL OF THE FLORIDA DEPARTMENT OF STATE

SEP-17-99 FRI 12:55 PM OSULLIVAN HICKS PATTON

FAX NO. 850 435 2888

P. 02

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QUINCY'S CIRCLE, LLC  
ANNUAL REPORT ATTACHMENT

PLEASE ABATE THE LATE FEE. I AM RESPONSIBLE FOR FILING THE ANNUAL REPORT.  
HOWEVER, I DID NOT RECEIVE THE ANNUAL REPORT IN TIME TO MEET THE DEADLINE.  
I AM HAVING THE ADDRESS CHANGED TO REFLECT MY ADDRESS SO THAT I WILL RECEIVE  
IT IN A TIMELY MANNER AND BE ABLE TO MEET THE STATUTORY DEADLINE. THANK YOU  
FOR YOUR CONSIDERATION.