2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 04, 2005
Secretary of State

DOCUMENT# L99000000638

Entity Name: QUALITY MANUFACTURED HOUSING INSTALLATION, L.L.C.

Current Principal Place of Business:

888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0892413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

FORMAN, M. AUSTIN TRUSTEE
888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

FORMAN, M. AUSTIN
888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316 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: M. AUSTIN FORMAN 05/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	FORMAN, M. AUSTIN TRUSTEE	
Address:	888 SOUTHEAST THIRD AVENUE, SUITE 501	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	MGRM	( ) Delete
Name:	FORMAN, WALTER	
Address:	888 SE 3RD AVE #501	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	MGRM	( ) Delete
Name:	LOOS, JOHN T	
Address:	888 SE 3RD AVE #501	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	MGR	( ) Delete
Name:	CAMERON, CLAY	
Address:	888 SE 3RD AVE #501	
City-St-Zip:	FORT LAUDERDALE, FL 33316	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	FORMAN, M. AUSTIN	
Address:	888 SE 3RD AVE, #501	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 for the exemption stated in Section 119.07(3)(i), 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: M. AUSTIN FORMAN MGR 05/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date