2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/26/2004-90135-016-$50.00-$50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009107

1. Entity Name
QUANTUM PEST MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
1815 N. COCOA AVE. COCOA, FL 32927	1815 N. COCOA BLVD COCOA, FL 32922

07142004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3475 N US 1	P.O Box 23666
Suite, Apt. #, etc. UNIT B	Suite, Apt. #, etc.
City & State Cocoa Fl	City & State Cocoa Fl
Zip / Country 32922 U.S.	Zip / Country 32923-6666 Brevard U.S.

4. FEI Number
59-3614720
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

Address Change

WILLIS, GLENN
1815 N. COCOA AVE.
COCOA, FL 32927

7. Name and Address of New Registered Agent

Name Willis, Glenn

Street Address (P.O. Box Number is Not Acceptable)

3475 N. US 1

City Cocoa FL Zip Code 32922

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: CGJ MSW 7/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM WILLIS, GLENN 1815 N. COCOA AVE. COCOA, FL 32927	☐ Delete	MEMBER/MANAGING Willis, Glenn 3475 N. US 1 COCOA FL 32922	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/Managing TRIPP, NORMAN D C/O 110 S.E. 6TH ST. FT. LAUDERDALE, FL 33301	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

11. I 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 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.

SIGNATURE: CGJ MEM, MANAGING 7/14/04 638-8840 (321)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #