


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000000340</b> 1. Entity Name QUAIL USA, LLC	
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Principal Place of Business 1401 ENCLAVE PKWY, STE 600 HOUSTON, TX 77077	Mailing Address 1401 ENCLAVE PKWY, STE 600 HOUSTON, TX 77077
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04292005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 82-0578885	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREFFIELD, W. KIRK 1401 ENCLAVE PKWY, STE 600 HOUSTON, TX 77077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TUCKER, DAVID W 1401 ENCLAVE PKWY, STE 600 HOUSTON, TX 77077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, ROBERT N 3805 HIGHWAY 14 NEW IBERIA, LA 70560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, R. MARC 3805 HIGHWAY 14 NEW IBERIA, LA 70560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000363075  
05/05/05-80143-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:** *David W. Tucker* **DAVID W. TUCKER** **5/2/05** **281-406-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #