



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90133 020 ****50.00

DOCUMENT # M05000004030					
1. Entity Name QUALITY PROPERTY HOLDINGS, LLC					
Principal Place of Business 81 MAIN STREET, SUITE 205 C/O DIBBINI & CACACE WHITE PLAINS, NY 10601			Mailing Address 81 MAIN STREET, SUITE 205 C/O DIBBINI & CACACE WHITE PLAINS, NY 10601		
2. Principal Place of Business James G. Dibbini, Esq. Suite, Apt. #, etc. 570 Yonkers Avenue, 2nd Fl City & State Yonkers, New York Zip 10704		3. Mailing Address James G. Dibbini, Esq. Suite, Apt. #, etc. 570 Yonkers Avenue, 2nd Fl City & State Yonkers, New York Zip 10704			
01102006 Chg-LLC CR2E083 (11/05)		4. FEI Number 37-1510941		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent NUKHO, GEORGE 5929 TARPAN GARDEN CIR. UNIT 102 CAPE CORAL, FL 33904	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIBBINI, JAMES G 81 MAIN STREET, SUITE 205 WHITE PLAINS, NY 10601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIBBINI, JAMES G. 570 YONKERS AVENUE, 2nd FL YONKERS, NEW YORK 10704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEG HOLDING GROUP, LLC 578 SOUTH BROADWAY YONKERS, NY 10705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James G. Dibbini			11/6/06 965-1011		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		