

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006924

FILED  
Jul 17, 2006  
Secretary of State

Entity Name: QUALITY ASSET RECOVERY, LLC

**Current Principal Place of Business:**

7 FOSTER AVENUE, SUITE 101  
GIBBSBORO, NJ 08026

**New Principal Place of Business:**

**Current Mailing Address:**

7 FOSTER AVENUE, SUITE 101  
GIBBSBORO, NJ 08026

**New Mailing Address:**

FEI Number: 52-2387838      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:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PETERS, TAMMY  
Address: 7 FOSTER AVENUE, SUITE 101  
City-St-Zip: GIBBSBORO, NJ 08026

Title: MGR ( ) Delete  
Name: STELLER, LAWRENCE  
Address: 7 FOSTER AVENUE, SUITE 101  
City-St-Zip: GIBBSBORO, NJ 08026

Title: MGR ( ) Delete  
Name: HEHN, CHARLES  
Address: 7 FOSTER AVENUE, SUITE 101  
City-St-Zip: GIBBSBORO, NJ 08026

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: LAWRENCE STELLER

MGR

07/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date