AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 NOV -6 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081559

1. Entity Name
LIVING QUARTERS, INC.

Principal Place of Business	Mailing Address
4763 SILVER HERON DR MELBOUNRE, FL 32934	4763 SILVER HERON DR MELBOUNRE, FL 32934

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4801 Decatur Circle Suite, Apt. #, etc.	4801 Decatur Circle Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32934 Country: USA	Zip: 32934 Country: USA

4. FEI Number: 59-3744143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FADDEN, LORRAINE M 4763 SILVER HERON DR MELBOUNRE, FL 32934	Name: Lorraine M. Fadden Street Address (P.O. Box Number is Not Acceptable): 4801 Decatur Circle City: Melbourne, FL Zip Code: 32934

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: Lorraine M Fadden — Signature, typed or printed name of registered agent and title if applicable. Lorraine M. Fadden (NOTE: Registered Agent's signature required when reinstating) DATE: 11/4/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT STRONG, MICHAEL G 4845 W. MOORHEAD CIRCLE BOULDER, CO 80306	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100024476381 11/06/03--01024--002 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TOY, DAVID L 1294 VROW WAY UNIT 214 CASSELBERRY, FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P S Lorraine M. Fadden 4801 Decatur Circle Melbourne, FL 32934 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine M Fadden — Lorraine M Fadden — 11/04/03 — 321-733-4766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #