## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 2005 APR 27 PM 12: 52 **DOCUMENT # L03000011494** 1. Entity Name SECRETARY OF STATE QBALL, LLC TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 111 N.E. 1ST STREET 111 N.E. 1ST STREET 4TH FLOOR 4TH FLOOR MIAMI, FL 33132 US MIAMI, FL 33132 US 01042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0064534 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUIROS, ARIEL I DO NOT WRITE 111 N.E. 1ST STREET 4TH FLOOR IN THIS SPACE MIAMI, FL 33132 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE QUIROS, ARIEL I NAME 111 N.E. 1ST STREET, 4TH FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 TITLE NAME STREET ADDRESS CITY-ST-ZIP 800054289018 05/11/05-01053-004 \*\*55.00 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

11. I hereby certify that the information supplied with this liting does not chally 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 the my signature shall be 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 trustal empowered to execute his report as required by Chapter 608, Florida Statutes.

SIGNATURE: 上

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/05 305 5799081

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