


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000028333**

1. Entity Name  
**Q & C AIRCRAFT II, LLC**



Principal Place of Business  
**2200 N.W. 84TH AVENUE  
 MIAMI, FL 33122**

Mailing Address  
**2200 N.W. 84TH AVENUE  
 MIAMI, FL 33122**

**DO NOT WRITE IN THIS SPACE**



04212005No Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0236738**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROADMEADOW, EDWARD T  
 2200 N.W. 84TH AVENUE  
 MIAMI, FL 33122**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

000000329960  
 04/25/05-80138-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUEVEDO, BANITO 2200 NW 84 AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONESE, EUGENE P 2200 NW 84 AVE MIAMI, FL 33122
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: *Martha de Lein - Belloc* - Secretary Date: *4/21/05* Daytime Phone #: *305-874-3536*

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE