



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 28, 2008 8:00 am
Secretary of State

04-24-2008 90011 016 ***138.75

DOCUMENT # L04000019967			
1. Entity Name QMS PARTNERS, LLC			
Principal Place of Business 10811 MAPLE CHASE DRIVE BOCA RATON FL 33498 US		Mailing Address 10811 MAPLE CHASE DRIVE BOCA RATON FL 33498 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERKMAN, ALLEN M ESQ 3370 N.E. 190TH ST SUITE 1200 AVENTURA, FL 33480		Name Street Address (P.O. Box Number is Not Acceptable) City	
NO CHANGE!		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 remaining)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2005 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, BRUCE M 10811 MAPLE CHASE DRIVE BOCA RATON, FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		BRUCE M WEBER	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		4/22/08	
		Daytime Phone #	