


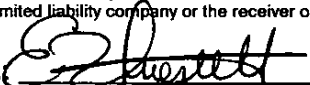
2006

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90023 025 ****50.00

20042202

DOCUMENT # L05000028706					
1. Entity Name Title Quest Investments, LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 20170 Pines Blvd. Suite, Apt. #, etc. Suite 302-G City & State Pembroke Pines, FL Zip 33029-1262			3. Mailing Address 20170 Pines Blvd. Suite, Apt. #, etc. Suite 302-G City & State Pembroke Pines, FL Zip 33029-1262		
			4. FEI Number 20-2543777		Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name del Valle, Manuel R.	
				Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.	
				Suite 101	
				City Miami	FL Zip Code 33126-1222
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 4-20-06		
Signature, typed or printed name of registered agent and title if applicable.			DATE		
			FEE IS \$60.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Questell, Elizabeth 16288 S.W. 8th St. Pembroke Pines, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Questell, Jose M. 16288 S.W. 8th St. Pembroke Pines, FL 33027	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)(i), 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 		Elizabeth Questell		Date 4/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 954-437-3540	

CR2E083B (12/02)