

2006

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:58

| |
|---|
| DOCUMENT # L05000028706 |
| 1. Entity Name Title Quest Investments, LLC |

DO NOT WRITE IN THIS SPACE

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|--|--|
| 2. Principal Place of Business 20170 Pines Blvd. Suite, Apt. #, etc. Suite 302-G City & State Pembroke Pines, FL | 3. Mailing Address 20170 Pines Blvd. Suite, Apt. #, etc. Suite 302-G City & State Pembroke Pines, FL |
|--|--|

[Signature]

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--------------------------------------|
| 4. FEI Number 20-2543777 | Applied For Not Applicable |
|------------------------------------|--------------------------------------|

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|--------------------------|----------------|--------------------------|----------------|
| Zip 33029-1262 | Country | Zip 33029-1262 | Country |
|--------------------------|----------------|--------------------------|----------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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|---|---|
| 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 Signature, typed or printed name of registered agent and title if applicable. | DATE |
|---|-------------|

FEE IS \$80.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

| 9. MANAGING MEMBERS/MANAGERS | | | |
|---|--|-----------------------------------|------------------------|
| TITLE MGRM | NAME Questell, Elizabeth | TITLE | NAME |
| STREET ADDRESS 20170 Pines Blvd., Suite 302-G | CITY - ST - ZIP Pembroke Pines, FL 33029 | STREET ADDRESS | CITY - ST - ZIP |
| TITLE MGRM | NAME Questell, Jose M. | TITLE | NAME |
| STREET ADDRESS 20170 Pines Blvd., Suite 302-G | CITY - ST - ZIP Pembroke Pines, FL 33029 | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | DO NOT WRITE IN THIS SPACE | |
| STREET ADDRESS | CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE | |
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| TITLE | NAME | DO NOT WRITE IN THIS SPACE | |
| STREET ADDRESS | CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE | |

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 508, Florida Statutes.

| | | | |
|--|---------------------------|---------------|------------------------|
| SIGNATURE <i>[Signature]</i> | Elizabeth Questell | 6/2/06 | 954-437-3540 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | Daytime Phone # |

CR2E083B (12/02)