

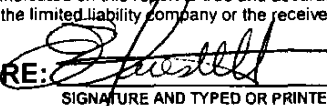
2007

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90043 024 ****50.00

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DOCUMENT # L05000028706					
1. Entity Name Title Quest Investments, LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 20170 Pines Blvd. <small>Suite, Apt. #, etc.</small> Suite 302-G <small>City & State</small> Pembroke Pines, FL <small>Zip</small> 33029-1262			3. Mailing Address 20170 Pines Blvd. <small>Suite, Apt. #, etc.</small> Suite 302-G <small>City & State</small> Pembroke Pines, FL <small>Zip</small> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
			FEE IS \$50.00 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 20170 Pines Blvd., Suite 302-G Pembroke Pines, FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Questell, Jose M. 20170 Pines Blvd., Suite 302-G Pembroke Pines, FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
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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		4/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 954-437-3540	

CR2E083B (12/02)