

**2008 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 15, 2008 8:00 am  
Secretary of State**

05-15-2008 90075 049 \*\*\*138.75

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

**DO NOT WRITE IN THIS SPACE**

**60041352**

**2. Principal Place of Business**  
 20170 Pines Blvd.  
 Suite, Apt. #, etc.  
 Suite 302  
 City & State  
 Pembroke Pines, FL

**3. Mailing Address**  
 20170 Pines Blvd.  
 Suite, Apt. #, etc.  
 Suite 302  
 City & State  
 Pembroke Pines, FL

DO NOT WRITE IN THIS SPACE

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

**5. Certificate of Status Desired**  **\$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** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

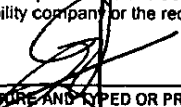
**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

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

CR2E088B (12/02)

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:**  Elizabeth Questell **4/23/08** 954-437-3540  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #