

**2009 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

09 JUN -2 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800156685618

06/02/09--01037--011 **138.75

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15800 Pines Blvd.
Suite, Apt. #, etc.
Suite 204

3. Mailing Address
15800 Pines Blvd.
Suite, Apt. #, etc.
Suite 204

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
20-2543777

Applied For	
Not Applicable	

Zip Country
33027-1212 USA

Zip Country
33027-1212 USA

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, 2009 Fee will be \$538.75
Make Ck. Payable to Fla. Dept. of State

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MgrM Questell, Elizabeth 15800 Pines Blvd., Suite 204 Pembroke Pines, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MgrM Questell, Jose M. 15800 Pines Blvd., Suite 204 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)(l), 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 609, Florida Statutes.

SIGNATURE:  Elizabeth Questell 4/28/09 954-437-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)