


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90037 008 \*\*\*\*50.00

**DOCUMENT # L05000067665**

1. Entity Name  
**Q DEVELOPMENT LLC**




Principal Place of Business  
**111 NE 1ST STREET, 4TH FLOOR  
 MIAMI, FL 33132**

Mailing Address  
**111 NE 1ST STREET, 4TH FLOOR  
 MIAMI, FL 33132**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



09032006 Chg-LLC CR2E083 (11/05)

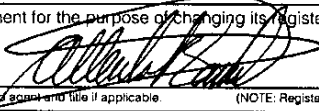
4. FEI Number  
**20-5082269**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FLORIDA INCORPORATORS, INC.  
 8875 HIDDEN RIVER PKWY., STE 300  
 TAMPA, FL 33637**

7. Name and Address of New Registered Agent  
 Name  
**ALBERTO BAROUH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13165 SW 142nd Ter**  
 City  
**MIAMI** FL Zip Code  
**33186-8923**

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 **09/07/06**

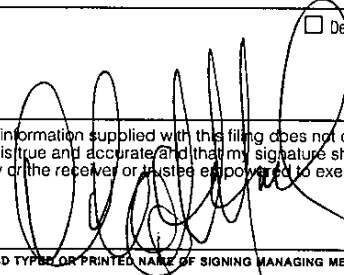
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 6, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUIROS, ARIEL 111 NE 1 STREET 4TH FLOOR MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **ARIEL QUIROS MGRM 09-01-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #