## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Apr 04, 2008 08:00 Al Secretary of State DOCUMENT # L05000067665 Q DEVELOPMENT LLC Principal Place of Business Mailing Address 111 NE 1ST STREET, 4TH FLOOR 111 NE 1ST STREET, 4TH FLOOR MIAMI, FL 33132 MIAMI, FL 33132 03032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5082269 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAROUH, ALBERTO DO NOT WRITE 13165 SW 142ND TERR MIAMI, FL 33186 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 U00000882040 04/16/08-80025-008 158.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE QUIROS, ARIEL NAME STREET ADDRESS 111 NE 1 STREET 4TH FLOOR CITY-ST-ZIP MIAMI, FL 33132 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 expowers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OF F SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davlime Phone #