2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000052843

1. Entity Name
NEWQUEST MANAGEMENT OF FLORIDA, LLC

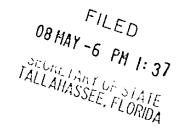


Principal Place of Business

2900 NORTH LOOP WEST, SUITE 1300 HOUSTON, TX 77092

Mailing Address

2900 NORTH LOOP WEST, SUITE 1300 HOUSTON, TX 77092





05052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4954206

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324



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The above named entity submits this statement for the purpose of ch the obligations of registered agent.	nanging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE Signature, trood or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstalling)	DATE

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWQUEST, LLC 2900 NORTH LOOP WEST, SUITE 1300 HOUSTON, TX 77092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/01/02

832-553-3513

Daytime Phone #