

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90152 029 \*\*\*\*50.00

<b>DOCUMENT # L03000038999</b>			
<b>1. Entity Name</b> QUANBLUE, LLC			
<b>Principal Place of Business</b> LA PLAYA PROPERTIS 1247 ALTON ROAD MIAMI BEACH, FL 33139		<b>Mailing Address</b> LA PLAYA PROPERTIS 1247 ALTON ROAD MIAMI BEACH, FL 33139	
<b>2. Principal Place of Business - No P.O. Box #</b> 304 NE 23 ST		<b>3. Mailing Address</b> 304 NE 23 ST	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State Miami, FL		City & State Miami, FL	
Zip 33137		Country USA	
Zip 33137		Country 3	
<b>4. FEI Number</b> 20-0305256		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SANCHEZ-MEDINA, ROLAND JR. THE COLONNADE, STE. 302 2333 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		<b>7. Name and Address of New Registered Agent</b> Name: Linette Guerra Street Address (P.O. Box Number is Not Acceptable): 304 NE 23 ST Suite City: Miami FL Zip Code: 33137	
<b>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.</b>			
SIGNATURE:		DATE: 3/26/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUERRA, LINETTE 1247 ALTON ROAD MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b>		DATE: 3/27/07	
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 305 915-0148	