

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037975

Entity Name: QWEST DEVELOPING LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

121 WEST OCEAN AVENUE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

121 WEST OCEAN AVENUE
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 56-2580590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELIA, JAMES C
121 WEST OCEAN AVENUE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLLAZO, ISMAEL A JR.
Address: 7 LAWRENCE LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: MGR () Delete
Name: CELIA, JAMES C
Address: 121 WEST OCEAN AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: MGR (X) Delete
Name: CELIA, ROSCO
Address: PO BOX 264
City-St-Zip: BOYNTON BEACH, FL 33425 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: CELIA, JAMES C
Address: 121 WEST OCEAN AVE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES CARLOS CELIA

CEO

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date