


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**

**Apr 17, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # A04000001256</b> 1. Entity Name <b>QUALITY REVIEW SYSTEMS LLLP</b>	
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Principal Place of Business <b>1093 A1A BEACH BLVD PMB 257 ST. AUGUSTINE FL 32080 US</b>	Mailing Address <b>1093 A1A BEACH BLVD PMB 257 ST. AUGUSTINE FL 32080 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number <b>20-1441359</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>BARGER, JILL S 633 MARY JANE LANE ST. AUGUSTINE FL 32086</b>
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	<b>SAMUELS, ANDREA S</b>
STREET ADDRESS	<b>1093 A1A BEACH BLVD</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32080</b>
DOCUMENT #	
NAME	<b>BHIDE, VANDANA</b>
STREET ADDRESS	<b>150 MARINE STREET</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

U00000514465  
04/29/06 80171 800 500.00

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *X Andrea Samuels* **DATE:** *X 4/12/06* **DAYTIME PHONE #:** *X 471-1686*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER