

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90215 016 \*\*\*150.00

**DOCUMENT # L00000010444**

1. Entity Name

**Q.A. REAL TIME SYSTEMS, L.L.C.**



Principal Place of Business

**4131 SUNBEAM ROAD 4932 SUNBEAM ROAD**  
**JACKSONVILLE, FL 32257**

Mailing Address

**4131 SUNBEAM ROAD 4932 SUNBEAM ROAD**  
**JACKSONVILLE, FL 32257**

**DO NOT WRITE IN THIS SPACE**



01202004No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**01-0644243**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROTHSTEIN, SIMON D**  
**4417 BEACH BLVD., SUITE 104**  
**JACKSONVILLE, FL 32207**

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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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMENS, DONALD R 104 CRAPE MYRTLE DR PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLINGSLEY, M. TURNER 8192 SEVEN MILE DRIVE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO GOTTLIEB, MARTIN J <del>4131 SUNBEAM ROAD, STE 350</del> <b>4932 SUNBEAM ROAD</b> JACKSONVILLE, FL 32257 <b>STE. 101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** \_\_\_\_\_

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

**03/12/04 (904) 346-3088**

Date

Daytime Phone #