

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010444

Entity Name: Q.A. REAL TIME SYSTEMS, L.L.C.

FILED
Feb 11, 2008
Secretary of State

Current Principal Place of Business:

4720 SALISBURY RD
#228
JACKSONVILLE, FL 32256

Current Mailing Address:

4720 SALISBURY RD
#228
JACKSONVILLE, FL 32256

New Principal Place of Business:

5150 BELFORT ROAD
701
JACKSONVILLE, FL 32256

New Mailing Address:

5150 BELFORT ROAD
701
JACKSONVILLE, FL 32256

FEI Number: 01-0644243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWTECH, LLC
220 EAST FORSYTH ST
SOUTH SUITE
JACKSONVILLE, FL 32202 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: CEOP () Delete
Name: BADANOWSKI, RALPH
Address: 3201 OCEAN DR. S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: CFO () Delete
Name: LUCEY, PAUL
Address: 326 OCEAN BLVD
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES:

Title: CEOP (X) Change () Addition
Name: BADANOWSKI, RALPH MD
Address: 3201 OCEAN DR. S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: CFO (X) Change () Addition
Name: LUCEY, PAUL MD
Address: 326 OCEAN BLVD
City-St-Zip: ATLANTIC BEACH, FL 32233

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: RALPH BADANOWSKI, MD

CEO

02/11/2008

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