


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90299 008 ****50.00

DOCUMENT # L00000011952	
1. Entity Name - QUALITRON LLC	

Principal Place of Business 701 BRICKELL AVE. SUITE 3000 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVE. SUITE 3000 MIAMI, FL 33131
--	--

24028143



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1061464	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, JACK 19355 TURNBERRY WAY #26J AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, ANAMARIA 19355 TURNBERRY WAY #26J AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGEN, STEVEN H 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/22/04

305-692-3544