


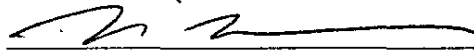


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2004 90299 029 \*\*\*\*50.00

<b>DOCUMENT # L01000012662</b> 1. Entity Name <b>QED ENVIRONMENTAL SOLUTIONS (FLORIDA), LLC</b>					
Principal Place of Business <b>NORTHBRIDGE TOWER 1 - 19TH FLOOR 515 NORTH FLAGLER DR. WEST PALM BEACH, FL 33401</b>			Mailing Address <b>NORTHBRIDGE TOWER 1 - 19TH FLOOR 515 NORTH FLAGLER DR. WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business <b>1221 W. Colonial Dr. Suite 300</b>		3. Mailing Address <b>1221 W. Colonial Dr. Suite 300</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>52-2353906</b>	
32804-7156		32804-7156		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'CONNELL, PHIL D JR. NORTHBRIDGE TOWER 1 - 19TH FLOOR 515 NORTH FLAGLER DR. WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>Neil Beckingham</b> Street Address (P.O. Box Number is Not Acceptable) <b>QED Occtech Limited</b> <b>1221 West Colonial Dr., Suite 300</b> City <b>Orlando</b> <b>FL</b> <b>32804-7156</b>	
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  <b>NEIL BECKINGHAM</b> <b>2 February 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'CONNELL, PHIL D NORTHBRIDGE TOWER 1-19TH FL, 515 N FLAGLER WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Neil Beckingham QED Occtech Ltd., 1221 W. Colonial Dr. Suite 300, Orlando, FL 32804-7156	<input checked="" 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
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.					
<b>SIGNATURE:</b> 			<b>2 February 2004</b> <b>4073993118</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					