



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L01000020639</b> 1. Entity Name <b>THE QUALITY MANAGEMENT GROUP, LLC</b>					
Principal Place of Business <b>440 PHIPPEN WAITER ROAD DANIA, FL 33004</b>				Mailing Address <b>440 PHIPPEN WAITER ROAD DANIA, FL 33004</b>	
2. Principal Place of Business <b>5300 W 16 AVE</b>		3. Mailing Address <b>5300 W 16 AVE</b>			
Suite, Apt. #, etc. <b>HALEAH, FL 3</b>		Suite, Apt. #, etc. <b>HALEAH, FL</b>			
City & State <b>HALEAH, FL</b>		City & State <b>HALEAH, FL</b>			
Zip <b>33012</b> Country <b>USA</b>		Zip <b>33012</b> Country <b>USA</b>		03292004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>65-1155931</b>				Applied For <input 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 <b>CROSS, K.C. 440 PHIPPEN WAITERS ROAD DANIA, FL 33004</b>	
7. Name and Address of New Registered Agent <b>Corp. Direct Agents, Inc. 103 N. Meridian Street, Lower Level Tallahassee, FL 32301</b>				City <b>FL</b> 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 <u><i>Elof most Secretary</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSS, KC 440 PHIPPEN WAITERS ROAD DANIA, FL 33004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P K.C. Cross 5300 W. 16 <sup>th</sup> Avenue Hialeah, FL 33012	<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	300034411823 04/28/04--01028--029 **50.00	<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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/15/04</u> Daytime Phone # _____		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA