

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011204

FILED  
Jul 09, 2004  
Secretary of State

Entity Name: QTEE, LLC

**Current Principal Place of Business:**

1390 SOUTH DIXIE HWY #1104  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

5200 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126

**Current Mailing Address:**

1390 SOUTH DIXIE HWY #1104  
CORAL GABLES, FL 33146

**New Mailing Address:**

5200 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126

FEI Number: 61-1413897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A CORPORATE SERVICES, INC.  
92 SADBERRY ROAD  
QUINCY, FL 323510000 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WHEELER, TODD  
Address: 1049 MALAGA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: WHEELER, CLAUDINE  
Address: 1049 MALAGA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: CLAUS, TERRY  
Address: 7100 SW 133RD ST  
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete  
Name: CLAUS, JANENE  
Address: 7100 SW 133RD ST  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDINE WHEELER

MGRM

07/09/2004

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