## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000011204

CLAUS, JANÈNE

City-St-Zip: CORAL GABLES, FL 33156

645 SOLANO PRADO

Name:

Address:

Entity Name: QTEE, LLC

FILED Jan 13, 2006 Secretary of State

Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
5200 BLUE SUITE 100 MIAMI, FL		RIVE			
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
5200 BLUE SUITE 100 MIAMI, FL		RIVE			
FEI Number	: 61-1413897	FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Addr	Name and Address of New Registered Agent:	
A1A CORPORATE SERVICES, INC. 92 SADBERRY ROAD QUINCY, FL 323510000 US			92 SADBERRY F	A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or both	
SIGNATURE: PAUL SMITH V.P.				01/13/2006	
	Electro	nic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM ( WHEELER, TO 1049 MALAGA CORAL GABLE	AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM ( WHEELER, CL 1049 MALAGA CORAL GABLE	AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM ( CLAUS, TERR 645 SOLANO I CORAL GABLE	PRADO	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	MGRM (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLAUDINE WHEELER MGRM 01/13/2006