2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# L02000011204

Entity Name: QTEE, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
5200 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126	

Current Mailing Address:	**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:	**Name and Address of New Registered Agent:**
A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351 US	

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/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	WHEELER, TODD	Name:	
Address:	1049 MALAGA AVE.	Address:	
City-St-Zip:	CORAL GABLES, FL 33134	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	WHEELER, CLAUDINE	Name:	WHEELER, CLAUDINE
Address:	1049 MALAGA AVE.	Address:	3609 ALHAMBRA CT
City-St-Zip:	CORAL GABLES, FL 33134	City-St-Zip:	CORAL GABLES, FL 33134
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CLAUS, TERRY	Name:	
Address:	645 SOLANO PRADO	Address:	
City-St-Zip:	CORAL GABLES, FL 33156	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CLAUS, JANENE	Name:	
Address:	645 SOLANO PRADO	Address:	
City-St-Zip:	CORAL GABLES, FL 33156	City-St-Zip:	

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

SIGNATURE: CLAUDINE WHEELER   EVP   04/25/2007
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date