

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 18, 2007
Secretary of State**

DOCUMENT# L02000011204

Entity Name: QTEE, LLC

Current Principal Place of Business:

5200 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5200 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126

New Mailing Address:

FEI Number: 61-1413897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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/MANAGERS:

Title: MGRM () Delete
Name: WHEELER, CLAUDINE
Address: 3609 ALHAMBRA CT
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Delete
Name: CLAUS, TERRY
Address: 645 SOLANO PRADO
City-St-Zip: CORAL GABLES, FL 33156

Title: MGRM (X) Delete
Name: CLAUS, JANENE
Address: 645 SOLANO PRADO
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLAUS COLLI, CLAUDINE
Address: 3609 ALHAMBRA CT
City-St-Zip: CORAL GABLES, FL 33134

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 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 CLAUS COLLI

P

09/18/2007

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