

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014988

Entity Name: HIRE QUEST, L.L.C.

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

960 MORRISON DR
#201
CHARLESTON, SC 29403

New Principal Place of Business:

4560 GREAT OAK DRIVE
N CHARLESTON, SC 29418 US

Current Mailing Address:

PO BOX 22528
CHARLESTON, SC 294132528

New Mailing Address:

4560 GREAT OAK DRIVE
N CHARLESTON, SC 294185001 US

FEI Number: 68-0510357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, OSCAR E
915 MIDDLE RIVER, SUITE 304
FORT LAUDERDALE, FL 33304 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: MGR () Delete
Name: HERMANNNS, RICHARD F
Address: 960 MORRISON DR #201
City-St-Zip: CHARLESTON, SC 29403

Title: MGR () Delete
Name: MCANNAR, DANIEL B
Address: PO BOX 22528
City-St-Zip: CHARLESTON, SC 294132528

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERMANNNS, RICHARD F
Address: 4560 GREAT OAK DRIVE
City-St-Zip: N CHARLESTON, SC 29418 US

Title: MGR (X) Change () Addition
Name: MCANNAR, DANIEL B
Address: 4560 GREAT OAK DRIVE
City-St-Zip: N CHARLESTON, SC 294185001 US

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.

SIGNATURE: RICHARD F HERMANNNS

MGR

03/16/2006

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