2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DAVIE FL 33314

3701 S.W. 47TH AVE.

3. Mailing Address

City & State

Ζiρ

Suite, Apt. #, etc.

DOCUMENT # L02000019401

Country

LEWIS, ANDREW I ESQ.

4000 HOLLYWOOD BLVD. SUITE 265-SOUTH

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3701 S.W. 47TH AVE.

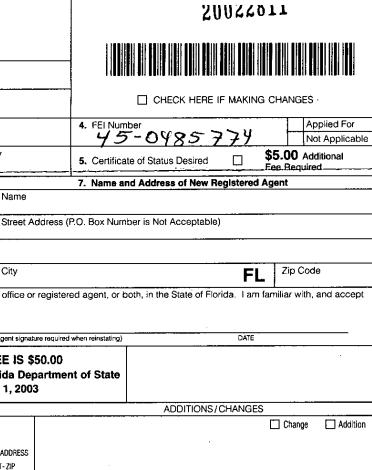
DAVIE FL 33314

QUALITY HOLDING GROUP, L.L.C.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90021 039 ****55.00



HOLLYWOOD FL 33021									
			City			FL	Zip Code	Э	
the obligat	named entity submits this statement in ions of registered agent.	for the purpose of changing its r	egistered office or re	gistered agent, or bo	th, in the State of Floric	la. I am far	niliar with,	and accept	\ \ !
SIGNATURE .	Signature, based of primed name of registered agen	t and title if applicable.	Registered Agent signature	required when reinstating)		DATE			ĺ
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003							 -
9.	MANAGING MEMB	ERS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/C	HANGES			_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOD, JOHN W JR. 3701 S.W. 47TH AVE. DAVIE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[☐ Change	☐ Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u> e	_ Change	Addition	CR2
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11. I hereby of indicated	ertify that the information supplied wit on this report is true and accurate an	h this filing does not qualify for d that my signature shall have th	the exemption stated ne same legal effect	in Section 119.07(3)(as if made under oath	i), Florida Statutes. I fu ; that I am a managin	rther certif	that the in or manage	iformation r of the	

Country

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #