

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90181 050 \*\*\*\*50.00

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<b>DOCUMENT # L02000021139</b> 1. Entity Name <b>QDI MOBILE, LLC</b>			
Principal Place of Business <b>505 E. JACKSON ST. SUITE 202 TAMPA, FL 33602</b>		Mailing Address <b>505 E. JACKSON ST. SUITE 202 TAMPA, FL 33602</b>	
2. Principal Place of Business <b>3805 HENDERSON BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>3805 HENDERSON BLVD.</b> Suite, Apt. #, etc.	
City & State <b>TAMPA, FLORIDA</b>		City & State <b>TAMPA, FLORIDA</b>	
Zip <b>33629</b>		Zip <b>33629</b>	
Country <b>U.S.A.</b>		Country <b>USA.</b>	
4. FEI Number <b>75-3077060</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROBERTS, RICHARD A 505 E. JACKSON ST. SUITE 202 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name <b>VICK TIPNES</b> Street Address (P.O. Box Number is Not Acceptable) <b>3805 HENDERSON BLVD.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33629</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and fee if applicable.</small>		DATE <b>1/11/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROBERTS, RICHARD A 505 E JACKSON ST. - #202 TAMPA, FL 33602</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER VICK TIPNES. 3805 HENDERSON BLVD. TAMPA, FL 33629</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			
<b>SIGNATURE:</b>		Date <b>1/11/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	