2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021266

Entity Name: QCE, L.L.C.

City-St-Zip:

CAPE CORAL, FL 33904

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3013 DEL PRADO BLVD. UNIT #13 CAPE CORAL, FL 33904 **Current Mailing Address: New Mailing Address:** 3013 DEL PRADO BLVD. UNIT #13 CAPE CORAL, FL 33904 FEI Number: 51-0420429 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: ALLEN, GLENN A 3013 DEL PRADO BLVD., UNIT #13 CAPE CORAL, FL 33904 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: () Change () Addition () Delete HISLOP, JOHN Name: Name: Address: 3013 DEL PRADO BLVD. UNIT #13 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ADAMS, WARWICK Name: Address: 3013 DEL PRADO BLVD. UNIT #13 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ALLEN, GLENN Name: Name: 3013 DEL PRADO BLVD. UNIT #13 Address: Address:

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.

City-St-Zip:

SIGNATURE: GLENN ALLEN MGRM 03/19/2009