2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

DOCUMENT # L03000014559
t. Entity Name
Q RESEARCH INITIATIVE, LLC

Principal Place of Business

640 NE 124 STREET NORTH MIAMI, FL 33161 US Mailing Address

640 NE 124 STREET

NORTH MIAMI, FL 33161 US



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04142006 No Chg-LLC	CR2E083 (11/05)

4. FEI Number 45-0512087	 Applied For Not Applicable	
40-0012001	 Juni Whiteanie	
5. Certificate of Status Desired	\$5.00 Additional Fee Regulard	

6. Name and Address of Current Registered Agent

DALE, CHARLES S 414 NE 4 STREET FORT LAUDERDALE, FL 33301

SIGNATURE: N

SIGNATURE AND TYPED OF

DO NOT WRITE IN THIS SPACE

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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.			·			
GIONAL DIE	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered	Agent signature required when reinstallings	DATE		
Filing Fee is \$50.00 Due by May 1, 2008						
8.	MANAGING MEMBERS/MANAGERS					
TITLE WANNE STREET ADDRESS	MGRM TORRES, JULIA 1550 WEEPING WILLOW WAY	- -	-	- U00000541244 05/10/06-80048-013 50.00		
CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD, FL 33019					
THE NAME STREET ADDRESS CHY-SI-ZIP			DO	NOT WRITE		
SITLE NAME SIREE ADDRESS CITY-ST-ZIP			IN T	THIS SPACE		
TITLE MAME STREET ADDRESS CITY - ST - ZIP		-				
TITLE NAME SIRCEI ADDRESS CHY-ST-ZIF						

11. (hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE