2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM **Secretary of State** DOCUMENT # L03000016460 1. Entity Name QUESTAR HOLDINGS, LLC Mailing Address Principal Place of Business 3321 BAYVIEW WAY 3321 BAYVIEW WAY PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 02-0689940 Not Applicat Zio Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name O'TOOLE, JAMES S 3321 BAYVIEW WAY Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 Zip Code City FL 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 agam. DATE Signature, typed or printed name of registered agent and into it epolicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Addition ☐ Defete TITLE ☐ Change TITLE MGRM NAME NAME O'TOOLE, JAMES S U0000042021**3** STREET ADDRESS STREET ADDRESS 3321 BAYVIEW WAY 02/15/06-80042-008 50.00 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 ☐ Change ☐ Addition ☐ Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Deleje Change Addition 75517 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE 31112 NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Addition Delcte TRUE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 118, 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CATY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

lara Sen ON

James Sean O Too

1/30/06

FILED

850-435-9367