2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Feb 06, 2008 08:00 AM DOCUMENT # L03000016460 1. Eritity Name **Secretary of State** QUESTAR HOLDINGS, LLC Principal Place of Business Mailing Address 3321 BAYVIEW WAY 3321 BAYVIEW WAY PENSACOLA FL 32503 US PENSACOLA FL 32503 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 02-0689940 Not Applicable Zip Country Country Zin \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. 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 City Zip Code 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 obtigations f registered ag SIGNATURE agent and title if upp issale (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Dolete TITLE Change Addition NAME O'TOOLE, JAMES S NAME STREET ADDRESS 3321 BAYVIEW WAY STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZiP Delete TITLE TITLE MARIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP DIE Delete Change Addition MUE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP TITLE Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND T

950-469-1814