


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 9:30

DOCUMENT # L03000040044	
1. Entity Name Q CLUB HOTEL, LLC	

Principal Place of Business 10520 N.W. 26TH STREET SUITE C-201 MIAMI, FL 33172	Mailing Address 10520 N.W. 26TH STREET SUITE C-201 MIAMI, FL 33172
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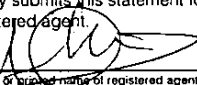


2. Principal Place of Business - No P.O. Box # 10520 NW 26 St.	3. Mailing Address 10520 NW 26 St.
Suite, Apt. #, etc. C 201	Suite, Apt. #, etc. C 201
City & State Doral, FL	City & State Doral FL
Zip 33172	Country U.S.

03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1353406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPANY MANAGEMENT SERVICES, LLC 8788 S.W. 8TH STREET MIAMI, FL 33174	
7. Name and Address of New Registered Agent Name Jose E. Cabanas Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 St. - C201 City Doral FL Zip Code 33172	

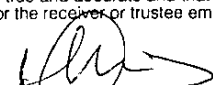
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Jose E. Cabanas 3/27/08
Signature, typed or printed name of registered agent and title if applicable. (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
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M CABANAS, JOSE E 10520 N.W. 26TH STREET MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100123069071 04/11/08--01046--013 **327.50
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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11. I 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.

SIGNATURE:  3/27/08 (305) 513 3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

José E. Cabanas