

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044555

FILED
Jan 05, 2005
Secretary of State

Entity Name: QXI ALLIANCE LLC

Current Principal Place of Business:

905 E ML KING JR. DR.
SUITE 460
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

905 E ML KING JR. DR.
SUITE 460
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 03-0379113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLOHAN, GARY G
905 E ML KING JR. DR.
SUITE 460
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: ELECTRAMARK FLORIDA, LLC
Address: 905 E ML KING JR. DR. SUITE 460
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGR () Delete
Name: BOLOHAN, GARY G
Address: 905 E ML KING JR. DR. SUITE 460
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MALONEY, RONALD R
Address: 905 E ML KING JR. SUITE 460
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: RONALD MALONEY

MGRM

01/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date