


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000052142 1. Entity Name QBC HOLDINGS, LLC |  |
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|--|--|
| Principal Place of Business 2043 MUIRFIELD WAY OLDSMAR, FL 34677 | Mailing Address 2043 MUIRFIELD WAY OLDSMAR, FL 34677 |
|--|--|

DO NOT WRITE IN THIS SPACE



01082007No Chg-LLC

CR2E083 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 03-0532803 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DOHSE, GERALD A 2043 MUIRFIELD WAY OLDSMAR, FL 34677 |
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**DO NOT WRITE
IN THIS SPACE**

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.

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|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DOHSE, AIDEE T 2043 MUIRFIELD WAY OLDSMAR, FL 34677 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DOHSE, GERALD A 2043 MUIRFIELD WAY OLDSMAR, FL 34677 |
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01/18/07-80001-013 50.00

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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:  | Date <u>1/8/07</u> | Daytime Phone # <u>813 885-5005</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | |