

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022075

Entity Name: QUALITY ELEVATORS, LLC

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

2655 LE JEUNE ROAD, SUITE 323
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 LE JEUNE ROAD, SUITE 323
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0910981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERI, LUCIANO
2655 LE JEUNE ROAD, SUITE 323
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GOMEZ DE LA VEGA, MARIA
4535 NW 97TH COURT
MIAMI, FL 33134 US

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: MARIA A. GOMEZ DE LA VEGA

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: LAPLANA, LUIS M
Address: 2655 LE JEUNE ROAD, SUITE 323
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: GARRISO SANCHEZ, MANUEL
Address: 2655 LE JEUNE ROAD, SUITE 323
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

Title: V (X) Change () Addition
Name: GARRIDO SANCHEZ, MANUEL
Address: 2655 LE JEUNE ROAD, SUITE 323
City-St-Zip: CORAL GABLES, FL 33134

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: LUIS LAPLANA

MGR

04/30/2005

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