

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003432

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: Q2 FLORIDA CITY W5, LLC

**Current Principal Place of Business:**

18629 SW 107 AVENUE  
MIAMI, FL 33157

**New Principal Place of Business:**

13131 SW 132 STREET SUITE 202  
MIAMI, FL 33186

**Current Mailing Address:**

18629 SW 107 AVENUE  
MIAMI, FL 33157

**New Mailing Address:**

13131 SW 132 STREET SUITE 202  
MIAMI, FL 33186

FEI Number: 20-2278417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REARDON LEVINE MANAGEMENT, INC.  
13131 SW 132ND STREET  
SUITE 202  
MIAMI, FL 33186 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEVINE, DANIEL A  
Address: 18629 SW 107 AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: MGR (X) Delete  
Name: REARDON, ERIC T  
Address: 18629 SW 107 AVENUE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REARDON LEVINE MANAG, EMENT, INC.  
Address: 13131 SW 132 STREET SUITE 202  
City-St-Zip: MIAMI, FL 33186

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: HELEN ZAHRALBAN

MGR

03/24/2006

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