


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000004290</b> 1. Entity Name QPNC, LLC	
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Principal Place of Business 13461 SW 80TH STREET MIAMI, FL 33183 US	Mailing Address 13461 SW 80TH STREET MIAMI, FL 33183 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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01112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2737352	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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<b>6. Name and Address of Current Registered Agent</b>  GARCIA-TUNON, MANUEL R 13461 SW 80TH STREET MIAMI, FL 33183
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA-TUNON, MANUEL R 13461 SW 80TH STREET MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRISTOBAL, CARLOS-C 13460 SW 79TH AVENUE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, MICHAEL 1731 SW 98TH AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000794634 01/28/08-80015-020 138.75</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_