

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006063

Entity Name: QCP - LOA, L.L.C.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

140 FOUNTAIN PARKWAY
SUITE 420
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

140 FOUNTAIN PARKWAY
SUITE 420
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, N. JOHN JR.
140 FOUNTAIN PARKWAY
SUITE 420
ST. PETERSBURG, FL 33716 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: MGRM () Delete
Name: SIMMONS, N. JOHN JR
Address: 140 FOUNTAIN PARKWAY, STE. 420
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete
Name: LASHER, STUART G
Address: 140 FOUNTAIN PARKWAY, STE. 420
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete
Name: DYER, GEOFFREY A
Address: 140 FOUNTAIN PARKWAY, STE. 420
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: STUART G. LASHER

MGRM

04/16/2009

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