

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90103 027 ****50.00



DOCUMENT # L05000031117
 1. Entity Name
 Q FLORIDA, LLC

Principal Place of Business
 3822 NEWBERRY ROAD, SUITE A
 GAINESVILLE, FL 32607

Mailing Address
 P.O. BOX 90194
 GAINESVILLE, FL 32607



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

07032006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-2663528

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAPITAL CONNECTION, INC.
 417 E. VIRGINIA ST.
 STE. 1
 TALLAHASSEE, FL 32301-1283

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating) DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edward Hurt 9932 SW 41st Rd Gainesville, FL 32608 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alana B. Hurt 9932 SW 41st Rd. Gainesville, FL 32608 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alana B. Hurt Date: 7-7-06 Daytime Phone #: 352-275-4375