

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052806

Entity Name: Q2 FLORIDA CITY III, LLC

FILED  
Mar 27, 2007  
Secretary of State

## Current Principal Place of Business:

13131 SW 132ND STREET  
SUITE 202  
MIAMI, FL 33186 US

## New Principal Place of Business:

8209 SW 189 TERRACE  
MIAMI, FL 33157 US

## Current Mailing Address:

13131 SW 132ND STREET  
SUITE 202  
MIAMI, FL 33186 US

## New Mailing Address:

P.O. BOX 570816  
MIAMI, FL 332570816 US

FEI Number: 20-2985101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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:

REARDON LEVINE MANAGEMENT, INC.  
8209 SW 189 TERRACE  
MIAMI, FL 33157 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:

03/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: REARDON LEVINE MANAG, EMENT, INC.  
Address: P.O. BOX 570816  
City-St-Zip: MIAMI, FL 332570816 US

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: REARDON LEVINE MANAGEMENT, INC.

MGR

03/27/2007

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