

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075798

FILED
Mar 13, 2007
Secretary of State

Entity Name: QUALSPECT, LLC

Current Principal Place of Business:

10150 HIGHLAND MANOR DRIVE
200
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

10150 HIGHLAND MANOR DRIVE
200
TAMPA, FL 33610

New Mailing Address:

POST OFFICE BOX 337
VALRICO, FL 33595

FEI Number: 20-3243971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'HARE, THOMAS F
10150 HIGHLAND MANOR DRIVE
200
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

RAAB, HARRY H
935 MAIN STREET
D-1
SAFETY HARBOR, FL 34695 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: HARRY H. RAAB

03/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'HARE, THOMAS F
Address: 10150 HIGHLAND MANOR DRIVE, SUITE 200
City-St-Zip: TAMPA, FL 33610

Title: MGRM () Delete
Name: GRAHAM, KEITH M
Address: 10150 HIGHLAND MANOR DRIVE, SUITE 200
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'HARE, THOMAS F
Address: POST OFFICE BOX 337
City-St-Zip: VALRICO, FL 33595

Title: MGRM (X) Change () Addition
Name: GRAHAM, KEITH M
Address: POST OFFICE BOX 337
City-St-Zip: VALRICO, FL 33595

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: THOMAS F. O'HARE

MGRM

03/13/2007

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