

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90064 048 \*\*\*\*50.00

<b>DOCUMENT # L05000082055</b>					
<b>1. Entity Name</b> QUALITY CENTER DEVELOPMENT, LLC					
<b>Principal Place of Business</b> 260 CRANDON BLVD., STE. 52 KEY BISCAVNE, FL 33149			<b>Mailing Address</b> 260 CRANDON BLVD., STE. 52 KEY BISCAVNE, FL 33149		
<b>2. Principal Place of Business</b> 9600 NW 25th St Suite, Apt. #, etc. PH		<b>3. Mailing Address</b> 9600 NW 25th St Suite, Apt. #, etc. PH			
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL		<b>4. FEI Number</b> 16-1730764	
<b>Zip</b> 33172		<b>Country</b> U.S.A		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> O'NAGHTEN, JUAN T 2950 SW 27TH AVENUE, STE. 300 MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> ROSALES, KLEVEN <b>STREET ADDRESS</b> 260 CRANDON BLVD., STE. 52 <b>CITY-ST-ZIP</b> KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> ROSALES, KLEVER <b>STREET ADDRESS</b> 260 CRANDON BLVD SUITE 52 <b>CITY-ST-ZIP</b> KEY BISCAVNE FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Stephen Stepper <b>STREET ADDRESS</b> 5781 SW 91st St. <b>CITY-ST-ZIP</b> MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 1/12/06 Daytime Phone #: 786 2003100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30001633



01122006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

30001693

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

QUALITY CENTER DEVELOPMENT, LLC  
9600 NW 25TH ST  
PH  
MIAMI, FL 33172

Subject: **QUALITY CENTER DEVELOPMENT, LLC**

Reference Number: **L05000082055**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE  
ANNUAL REPORTS SECTION

*Correction  
made*