

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093370

FILED
Apr 29, 2006
Secretary of State

Entity Name: QUORUM HOLDINGS LLC

Current Principal Place of Business:

1701 PONCE DE LEON BOULEVARD, SUITE 202
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1701 PONCE DE LEON BOULEVARD, SUITE 202
CORAL GABLES, FL 33134

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:

MARTINEZ, GUILLERMO
1701 PONCE DE LEON BOULEVARD, SUITE 202
CORAL GABLES, FL 33134 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: GIMO LC,
Address: 1701 PONCE DE LEON BOULEVARD, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: MARTINEZ, GUILLERMO
Address: 1701 PONCE DE LEON BOULEVARD, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: PARDO, JUAN CARLOS
Address: 1701 PONCE DE LEON BOULEVARD, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

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 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: GUILLERMO MARTINEZ

MGR

04/29/2006

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