2007 LIMITED LIABILITY COMPANY

Apr 18, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L05000115140** 04-18-2007 90038 022 ****50.00 1. Entity Name D'ARIA Q I. LLC Principal Place of Business Mailing Address ייטעם -3749 42ND AVENUE SOUTH 3749 42ND AVENUE SOUTH SAINT PETERSBURG, FL 33711 US SAINT PETERSBURG, FL 33711 US 03262007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KENNEDY, JAMES R JR. DO NOT WRITE 856 SECOND AVENUE NORTH SAINT PETERSBURG, FL 33701 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME FEAZELL, DARIA STREET ADDRESS 3749 42ND AVENUE SOUTH CITY-ST-ZIP SAINT PETERSBURG, FL 33701 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: A

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P

FILED