2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# L06000020369

Entity Name: Q LLC

Current Principal Place of Business:

510 SPINNAKER
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

510 SPINNAKER
WESTON, FL 33326

New Mailing Address:

FEI Number: 33-1134106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

JESSE, COATS
5200 NW 33 AV
218
FT. LAUDERDALE, FL 33309 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: VITALIANO MICHELINI 01/12/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MICHELINI, VITALIANO
Address: 510 SPINNAKER
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete
Name: SUAREZ, LUIS A
Address: 2006 HARBOR VIEW CIRCLE
City-St-Zip: WESTON, FL 33327

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: MICHELINI, SONYA J
Address: 510 SPINNAKER DR
City-St-Zip: WESTON, FL 33326

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: VITALIANO MICHELINI MGRM 01/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date