$50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000026363

1. Entity Name
QS TELECOM PARK, LLC

FILED
07 FEB 22 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13095 -A TELECOM PARK N. TAMPA, FL 33618	13095 -A TELECOM PARK N. TAMPA, FL 33618

01042007 Chg-LLC CR2E083 (12/06) 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13095 Telecom Parkway N	13095 Telecom Parkway N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: ~~33618~~ 33637 Country	Zip: ~~33618~~ 33637 Country

4. FEI Number: 20-4480634 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LANGTON, GARY J
~~6414 E. MACLAURIN DRIVE~~
~~TAMPA, FL 33687~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 13095 Telecom Parkway North
City: Tampa FL Zip Code: 33637

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: Gary J. Langton, Managing Member — DATE: 1/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	LANGTON, GARY J	
STREET ADDRESS	6414 E. MACLAURIN DRIVE	
CITY-ST-ZIP	TAMPA, FL 33687	
TITLE	MGR	☐ Delete
NAME	DEPIERRO, PETER P	
STREET ADDRESS	5 MAPLEWOOD ORCHARD	
CITY-ST-ZIP	TAMPA, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	500089279285	
STREET ADDRESS	02/26/07--01002--025 **200.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gary J. Langton, Managing Member — 1/15/07 — 813-971-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #