


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90322 019 ***138.75


DOCUMENT # L06000031850	
1. Entity Name FIRST QUALITY REALTY, LLC.	

Principal Place of Business 1880 S. OCEAN DRIVE TOWER SUITE #503 W HALLANDALE BEACH, FL 33009 US	Mailing Address 1880 S. OCEAN DRIVE TOWER SUITE #503 W HALLANDALE BEACH, FL 33009 US
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2. Principal Place of Business - No P.O. Box # 2519 Polk St. Suite, Apt. #, etc.	3. Mailing Address 2519 Polk St. Suite, Apt. #, etc.
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City & State Hollywood, FL	City & State Hollywood, FL
Zip 33020	Zip 33020
Country US	Country US

00060000



04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 16-1757086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent LASERNA, GUSTAVO 1880 S. OCEAN DRIVE TOWER SUITE #503W HALLANDALE BEACH, FL 33009	
7. Name and Address of New Registered Agent Name Gustavo Laserna Street Address (P.O. Box Number is Not Acceptable) 2519 Polk St. City Hollywood FL Zip Code 33020	

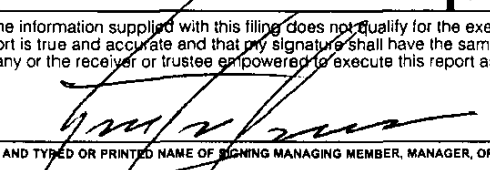
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LASERNA, GUSTAVO 1880 S. OCEAN DRIVE TOWER SUITE #503W HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gustavo Laserna 2519 Polk St. Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAKHAR, JAY G 18151 SW 22 STREET MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAKHAR, JAY G 18151 SW 22 STREET MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date: April 16/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE