

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048225

Entity Name: QUESTUS CAPITAL, LLC

FILED  
Feb 15, 2007  
Secretary of State

## Current Principal Place of Business:

1611 1/2 NORTH HOWARD AVE  
TAMPA, FL 33607

## New Principal Place of Business:

10503 SAGO RD  
TAMPA, FL 33618

## Current Mailing Address:

1611 1/2 NORTH HOWARD AVE  
TAMPA, FL 33607

## New Mailing Address:

PO BOX 271347  
TAMPA, FL 33688

FEI Number: 20-4911850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURPHY, THOMAS J  
1611 1/2 NORTH HOWARD AVE  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

MURPHY, THOMAS J  
10503 SAGO RD  
TAMPA, FL 33618 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: THOMAS J MURPHY

02/15/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HARDEN, ADAM M  
Address: 1611 1/2 NORTH HOWARD AVE  
City-St-Zip: TAMPA, FL 33607

Title: MGRM ( ) Delete  
Name: MURPHY, THOMAS J  
Address: 1611 1/2 NORTH HOWARD AVE  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: MURPHY, THOMAS J  
Address: 10503 SAGO  
City-St-Zip: TAMPA, FL 33618

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: THOMAS J MURPHY

MGRM

02/15/2007

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