


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90031 020 \*\*\*\*55.00

<b>DOCUMENT # L06000068508</b>	
1. Entity Name Q1GROUP LLC	

Principal Place of Business 731 A1A BEACH BLVD SUITE D SAINT AUGUSTINE, FL 32080 US	Mailing Address 731 A1A BEACH BLVD SUITE D SAINT AUGUSTINE, FL 32080 US
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2. Principal Place of Business - No P.O. Box # <b>15 Sea Oaks Dr.</b>	3. Mailing Address <b>15 Sea Oaks Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St. Augustine, FL</b>	City & State <b>St. Augustine, FL</b>
Zip <b>32080-7914</b>	Zip <b>32080-7914</b>
Country <b>USA</b>	Country <b>USA</b>

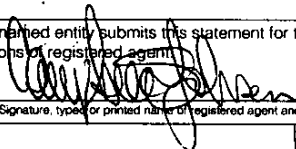


01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>16-1765924</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
JOHNSON, CAMPBELL S ESQ 731 A1A BEACH BLVD SUITE D SAINT AUGUSTINE, FL 32080	

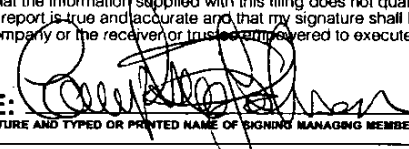
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>15 Sea Oaks Drive</b>	
City <b>St. Augustine</b>	Zip Code <b>FL 32080-7914</b>

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 	DATE <b>1/10/2007</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, SUSAN E PHD 731 A1A BEACH BLVD., SUITE D SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15 Sea Oaks Drive St. Augustine, FL 32080-7914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, CAMPBELL S ESQ 731 A1A BEACH BLVD., SUITE D SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15 Sea Oaks Drive St. Augustine, FL 32080-7914</b>
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
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 <b>1/10/2007</b>	DAYTIME PHONE # <b>904-461-8494</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		