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

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L06000077611

FILED May 14, 2007 8:00 am Secretary of State

Date

Daytime Phone #

1. Entity Name QT 180, LLC							05-14-2007 90361 025 ****50.00				
Principal Place of Business Mailing Address						1					
1548 THE GREENS WAY, SUITE 6 1548 THE GREENS WAY, SUIT ACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32							<i>:</i>				
Principal Place of Business - No P.O. Box # Mailing Address					• •,						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242007	Chg-LLC	CR2E083	(12/06)		
City & State			City & State		4. FEI Numb	er 20-534	2160		plied For t Applicable		
Zip	Country		Zip Cour		ıtry	5. Certificate of Status Desired			itional 1		
	6. Name	and Address of Current R	egistered Agent		Name	7. Name an	d Address of New F	legistered Ag	ent		
MCCUE, EDWARD R JR. 1548 THE GREENS WAY, SUITE 6 JACKSONVILLE BEACH, FL 32250					Street Address (P.O. Box Number is Not Acceptable)						
					City		. 	FL	Zip Code		
	named entitions of regist	y submits this statement for tered agent.	the purpose of changing its	s register	ed office or register	red agent, or bo	oth, in the State of Fi	orida. I am far	niliar with,	and accept	
SIGNATURE .	Signature typed	or printed name of registered agent an	nt title if annihrable (NO)	TF: Recietere	d Agent signature requirer	d when reinstation		DATE	****		
					-	, , , , , , , , , , , , , , , , , , , ,			ahla éa		
Filing Fee is \$50.00 Due by May 1, 2007							l .	e check pay a Departmer		• ,	
9.		MANAGING MEMBER	S/MANAGERS	10.	<u>.</u>		ADDITIONS	/CHANGES		<u> </u>	
TITLE	MGR		lete	TITL	E				_ Change	☐ Addition	
NAME The Devlin Group Inc				NAM							
1548 The Greens way,					EET ADDRESS '-ST-ZIP						
TITLE	_Jackso	nville Beach, FL	$\frac{1}{1}$	TITL				 	Change	Addition	
NAME MGE			-16	NAM					Onlings	[_] Modulion	
STREET ADDRESS Dayco Properties				STRI	EET AODRESS						
848 Brickell Ave., Ste 810				CITY	'-ST-ZIP						
TITLE	Miami	, FL 33131	8	TITL]	☐ Change	Addition	
NAME STREET ADDRESS				NAM	ie Eet address						
CITY-ST-ZIP			· - — —		7-ST-2IP						
TITLE			☐ Delete	TITL	E	<u>.</u>		ſ	Change	Addition	
NAME				NAM				•			
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CiTY	r-ST-ZIP						
TITLE NAME			☐ Delete	TITL				[☐ Change	☐ Addition	
STREET ADDRESS	ŀ			NAM STRI	EET ADORESS						
CITY-ST-ZIP					7-ST-ZIP						
TITLE			☐ Delete	TITL	E			[Change	Addition	
NAME				NAM				•	•		
STREET ADDRESS			/		EET ADDRESS						
CITY-ST-ZIP			1		/-ST-ZIP						
indicated	on this repo	e information supplied with in is true and accurate and t	rnis riling does not qualify to hat my signature shall have	or the exe the sam	emptions contained le legal effect as if i	i in Chapter 119 made under oa	e, ⊢iorida Statutes. I f th; that I am a mana	urther certify t ging member	nat the info or manage	rmation or of the	