
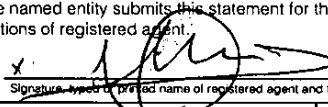
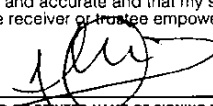


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90154 001 ***150.00

DOCUMENT # L06000091258 1. Entity Name Q CLUB INTERNATIONAL REALTY LLC					
Principal Place of Business 10520 NW 26TH STREET STE C-201 MIAMI, FL 33172			Mailing Address 10520 NW 26TH STREET STE C-201 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 10520 NW 26 St.		3. Mailing Address 10520 NW 26 St.			
Suite, Apt. #, etc. C 201		Suite, Apt. #, etc. C 201			
City & State Doral, FL		City & State Doral, FL			
Zip 33172		Country U.S.A.		Zip 33172	
Country U.S.A.		Country U.S.A.			
6. Name and Address of Current Registered Agent LOURNIET, JUAN P 1221 BRICKELL AVE MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Cabanas, Jose E. Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 St. - Ste. C 201 City Doral FL Zip Code 33172		
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 02/19/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cabanas, Jose E. 10520 NW 26 St. - C 201 Doral, FL 33172 <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	MGRM Aguirre, Lisa 10520 NW 26 St. - C 201 Doral, FL 33172 <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	
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 02/19/07 (305) 513 3639		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Jose E. Cabanas					