

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000091737

**FILED**  
**Mar 26, 2008**  
**Secretary of State**

**Entity Name:** QUALITY INVESTORS, L.L.C.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD., PENTHOUSE SUITE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD., PENTHOUSE SUITE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-2171378

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

BLACK, ROBERT J  
901 PONCE DE LEON BLVD., PENTHOUSE SUITE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: ROBERT J. BLACK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: HAMMOND, LOUIS G  
Address: 9331 S.W. 100TH STREET  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify 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: LOUIS G. HAMMOND

PRES

03/26/2008

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