

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020878

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Entity Name:** QUALITY CENTER HOLDINGS, LLC

**Current Principal Place of Business:**

5201 BLUE LAGOON DRIVE, SUITE 980  
MIAMI, FL 33126

**New Principal Place of Business:**

260 CRANDON BLVD  
SUITE 52  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

5201 BLUE LAGOON DRIVE, SUITE 980  
MIAMI, FL 33126

**New Mailing Address:**

8770 SUNSET DR.  
# 534  
MIAMI, FL 33173

**FEI Number:** 87-0796367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STEPNER, STEPHEN  
Address: 5201 BLUE LAGOON DRIVE, SUITE 980  
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete  
Name: ROSALES, KLEVER  
Address: 5201 BLUE LAGOON DRIVE, SUITE 980  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

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

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

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: KLEVER ROSALES

MGRM

04/23/2008

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