2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 16, 2008 8:00 am Secretary of State DOCUMENT # L07000120655 05-16-2008 90189 036 ***143.75 MAQ MANAGEMENT LLC Principal Place of Business Mailing Address 60041312 6221 W. ATLANTIC BLVD. 6221 W. ATLANTIC BLVD. MARGATE, FL 33063 MARGATE, FL 33063 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FELNumber Applied For 26-1614433 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name QURESHI, MAHAMMAD A 6221 W. ATLANTIC BLVD. Street Address (P.O. Box Number is Not Acceptable) MARGATE, FL 33063 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Addition Change NAME MAQ MANAGEMENT, INC. NAME STREET ADDRESS 6221 W. ATLANTIC BLVD. STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MA

FILED