

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091572

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** TOTAL QUALITY REAL ESTATE L.L.C.

**Current Principal Place of Business:**

196 MINORCA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

196 MINORCA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 27-0992260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUPFER, KUPFER & SKOLNICK  
5541 NORTH UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33067 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  
**Name:** TOTAL QUALITY PARTNERS L.L.C.  
**Address:** 194 MINORCA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGR  
**Name:** KUPFER, PAUL  
**Address:** 196 MINORCA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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:** EUGENE SPANO

MGR

04/20/2010

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