

FILE NOW: Fee after May 1, will be \$263.75

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
\$ 238.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000656 MDG - QWI, L.C. 4356 BUTTERFLY ORCHID LANE NAPLES FL 33999
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1a. Principal Place of Business Address 4356 BUTTERFLY ORCHID LANE NAPLES FL 33999
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

2. Mailing Address	2a. Principal Place of Business	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/15/1994	FL
City & State	City & State	4. FEI Number	☐ Applied For ☐ Not Applicable
Zip	Country	65-0544217	
		5. Date of Last Report	6. Certificate of Status Desired
			\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent KLOHN, WILLIAM L 11983 TAMiami TRAIL NORTH NAPLES FL 33963	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

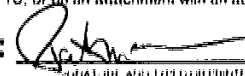
SIGNATURE _____	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MCCUAN, PATRICK	4356 BUTTERFLY ORCHID LANE	NAPLES FL

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****238.75 ****238.75

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11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:  Patrick McCuan	4/14/95 (410) 730 7071
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