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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 APR 2? ... 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 238.75 — Annual Report $100.00 + $138.75 Corporation Supplemental Fee — 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

1a. Principal Place of Business Address
4356 BUTTERFLY ORCHID LANE
NAPLES FL 33999

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 11/15/1994
3a. State of Formation: FL
4. FEI Number: 65-0544217 ☐ Applied For ☐ Not Applicable
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

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 __________
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

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

00000146940
-04/27/95--01065--017
****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 119.07(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: [signature] Patrick McCuan 4/14/95 (410) 730-7071
(Signature and Typed or Printed Name of Signing Managing Member or Manager) Date Daytime Phone #

INTISE10 R(12/94)