

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L09000003610
1. Entity Name
QVISION, L.L.C.



Principal Place of Business
111 N.E. 1ST STE., 4TH FLOOR
MIAMI, FL 33132-9081

Mailing Address
111 N.E. 1ST STE., 4TH FLOOR
MIAMI, FL 33132-9081



02132004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-0449938	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HATIC, HAAS A ESQ.
GREENSPOON, MARDER, HIRSCHFELD ET AL
100 W. CYPRESS CREEK RD., STE. 700
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

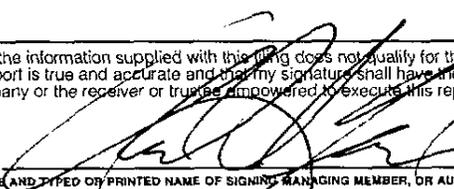
**Filing Fee is \$50.00
Due by May 1, 2004**

000000111031
04/12/04-80107-002 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLY, WILLIAM J 111 N.E. 1ST STE., 4TH FLOOR MIAMI, FL 331329081
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR QUIROS, ARIEL I 111 N.E. 1ST STE., 4TH FLOOR MIAMI, FL 331329081
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/10/04 (305) 579-9911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #