


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000003610 1. Entity Name QVISION, L.L.C.	
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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
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01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
23-0449938

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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04/29/05-80002-001 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/05

305-559-9911

Date

Daytime Phone #