

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90194 002 \*\*\*\*50.00

DOCUMENT # L99000009178			
1. Entity Name Q A ASSOCIATES, LLC			
Principal Place of Business 1688 W. HIBISCUS BLVD. MELBOURNE, FL 32901		Mailing Address 1688 W. HIBISCUS BLVD. MELBOURNE, FL 32901	
2. Principal Place of Business <i>1680-A W. HIBISCUS BLVD</i>		3. Mailing Address <i>1680-A W. HIBISCUS BLVD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Melbourne, FL</i>		City & State <i>Melbourne, FL</i>	
Zip <i>32901</i>		Zip <i>32901</i>	
Country		Country	
4. FEI Number 59-3614801		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KANCILIA, JOHN R ESQUIRE 1800 W. HIBISCUS BLVD., SUITE 138 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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		DATE	
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, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM CABBAGE GROUP, INC. <input type="checkbox"/> Delete	TITLE	MGRM CABBAGE GROUP, INC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABBAGE GROUP, INC.	NAME	CABBAGE GROUP, INC.
STREET ADDRESS	1688 W. HIBISCUS BLVD.	STREET ADDRESS	1680-A W. HIBISCUS
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>William S. Phay</i>		Date: <i>2/25/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <i>321-984-1956</i>	

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