2007 LIMITED LIABILITY COMPANY

May 01, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # M01000002732** 05-01-2007 90325 025 ****50.00 MELBOURNE Q LEASING LLC Principal Place of Business Mailing Address 60047002 45 W. PROSPECT AVE. 45 W. PROSPECT AVE. **GUILDHALL BLDG., STE. 1500 GUILDHALL BLDG., STE. 1500** CLEVELAND, OH 44114 CLEVELAND, OH 44114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5847 San Felipe <u>5847 San Felipe</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 CR2E083 (12/06) Chg-LLC Suite 4650 Suite 4650 City & State City & State 4 FEI Number Applied For 52-2356811 Not Applicable Houston. Houston. Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required <u>77057</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE □ Delete TITLE ☐ Change ■ Addition NAME BELLBOY, INC. NAME STREET ADDRESS 45 W. PROSPECT AVE. STREET ADDRESS CITY-ST-ZIP CLEVELAND, OH 44115 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT1 F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

IE OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

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FILED