

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90005 001 \*\*\*138.75

**DOCUMENT # M07000006540**

1. Entity Name  
QOC I LLC



Principal Place of Business  
5901 BROKEN SOUND PARKWAY, NW, STE 200  
BOCA RATON, FL 33487

Mailing Address  
5901 BROKEN SOUND PARKWAY, NW, STE 200  
BOCA RATON, FL 33487

**50008350**



07082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE - 26-1630965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHAPIRO, STEVEN M  
5901 BROKEN SOUND PARKWAY, NW, STE 200  
BOCA RATON, FL 33487

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Q OPPORTUNITY COMPANY LLC 5901 BROKEN SOUND PARKWAY, NW, STE 200 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN PAUL E SHAPIRO 5901 Broken Sound Pkwy NW, #200 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HOWARD A FELDMAN 5901 Broken Sound Pkwy NW, #200 Boca Raton, FL 33487
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**

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.

**SIGNATURE:** Howard A. Feldman Howard A. Feldman 7/1/08 561-886-4600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #