2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006540

Entity Name: QOC I LLC

Current Principal Place of Business:	**New Principal Place of Business:**
5901 BROKEN SOUND PARKWAY, NW, STE 200 BOCA RATON, FL 33487	5901 BROKEN SOUND PARKWAY NW SUITE 200 BOCA RATON, FL 33487
Current Mailing Address:	**New Mailing Address:**
5901 BROKEN SOUND PARKWAY, NW, STE 200 BOCA RATON, FL 33487	5901 BROKEN SOUND PARKWAY NW SUITE 200 BOCA RATON, FL 33487

FEI Number: 26-1650965   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SHAPIRO, STEVEN M 5901 BROKEN SOUND PARKWAY, NW, STE 200 BOCA RATON, FL 33487 US	

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.

SIGNATURE: _____

    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR	( ) Delete		Title:		( ) Change ( ) Addition
Name:	Q OPPORTUNITY COMPAN, Y LLC			Name:		
Address:	5901 BROKEN SOUND PARKWAY, NW, STE 200			Address:		
City-St-Zip:	BOCA RATON, FL 33487			City-St-Zip:		
Title:	C	( ) Delete		Title:		( ) Change ( ) Addition
Name:	SHAPIRO, PAUL E			Name:		
Address:	5901 BROKEN SOUND PARKWAY, NW, STE 200			Address:		
City-St-Zip:	BOCA RATON, FL 33487			City-St-Zip:		
Title:	CFO	( ) Delete		Title:		( ) Change ( ) Addition
Name:	FELDMAN, HOWARD A			Name:		
Address:	5901 BROKEN SOUND PARKWAY, NW, STE 200			Address:		
City-St-Zip:	BOCA RATON, FL 33487			City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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   CFO   01/15/2009
_____
    Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date