

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000005548

Entity Name: Q CAPITAL HOLDINGS LLC

FILED
Apr 21, 2011
Secretary of State

Current Principal Place of Business:

5901 BROKEN SOUND PARKWAY, SUITE 200
BOCA RATON, FL 33487

New Principal Place of Business:

5901 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487

Current Mailing Address:

5901 BROKEN SOUND PARKWAY, SUITE 200
BOCA RATON, FL 33487

New Mailing Address:

5901 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487

FEI Number: 27-4296872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 200
TALLAHASSEE, FL 323012525 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:

04/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SHAPIRO, STEVEN M
Address: 5901 BROKEN SOUND PARKWAY, SUITE 200
City-St-Zip: BOCA RATON, FL 33487

Title: VPGC
Name: MCCARROLL, JOHN
Address: 5901 BROKEN SOUND PARKWAY NW, SUITE 200
City-St-Zip: BOCA RATON, FL 33487

Title: CHM
Name: SHAPIRO, PAUL E
Address: 5901 BROKEN SOUND PARKWAY, SUITE 200
City-St-Zip: BOCA RATON, FL 33487

Title: VPF
Name: FELDMAN, HOWARD A
Address: 5901 BROKEN SOUND PARKWAY, SUITE 200
City-St-Zip: BOCA RATON, FL 3487

I hereby 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: STEVEN M SHAPIRO

CEO

04/21/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date