

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90112 006 ****55.00

DOCUMENT # L02000026146

1. Entity Name
Q-TEC, LLC



Principal Place of Business
 9012 BROKEN LANCE DRIVE
 TALLAHASSEE, FL 32312

Mailing Address
 9012 BROKEN LANCE DRIVE
 TALLAHASSEE, FL 32312



04272005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3875981	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARGUIN, MARC A
 9012 BROKEN LANCE DRIVE
 TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARGUIN, MARC A 9012 BROKEN LANCE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GODEN, KENNETH E. <i>Corrected Below</i> 707 EAST NEBRASKA AVE. BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Golden Kenneth E. P.O. Box 398 Bonifay, FL 32425
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 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: *Marc Arguin*

4-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #