

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

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 _____

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

(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</i> 707 EAST NEBRASKA AVE. <i>Below</i> BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Golden Kenneth E. P.O. Box 398 <i>Bonifay, FL 32425</i>
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 #