
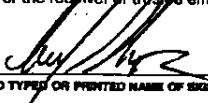


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

04-29-2004 90066 025 ****55.00

DOCUMENT # L01000009640					
1. Entity Name QUICKBEAM, LLC					
Principal Place of Business 203 AVENUE A NW SUITE 300 WINTER HAVEN, FL 33881 US			Mailing Address PO BOX 7378 WINTER HAVEN, FL 33883-7378 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEE Number 22-3871573	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STRANG, CARL J III 203 AVENUE A NW SUITE 300 WINTER HAVEN, FL 33881			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRANG, CARL J III		NAME		
STREET ADDRESS	203 AVENUE A NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, KERRY		NAME		
STREET ADDRESS	141 5TH STREET NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRANG, CARL J JR		NAME		
STREET ADDRESS	203 AVENUE A NW SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOGDAHN, JOE		NAME		
STREET ADDRESS	62 FOURTH STR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 4/27/04 Daytime Phone #: 813 299 1197		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					