



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90092 044 ****50.00

DOCUMENT # L01000021918 1. Entity Name IQ MEDIA GROUP, LTD. CO.					
Principal Place of Business 8660 COLLEGE PARKWAY, SUITE 300 FT. MYERS, FL 33919			Mailing Address 8660 COLLEGE PARKWAY, SUITE 300 FT. MYERS, FL 33919		
2. Principal Place of Business 6719 WINKLER RD. Suite, Apt. #, etc. 220		3. Mailing Address 6719 WINKLER RD. Suite, Apt. #, etc. 220		20003007 	
City & State FT. MYERS, FL		City & State FT. MYERS, FL		4. FEI Number 65-1159178	
Zip 33919		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHREIBER, WILLIAM L 8660 COLLEGE PARKWAY, SUITE 300 FT. MYERS, FL 33919			7. Name and Address of New Registered Agent Name SCHREIBER, WILLIAM L. Street Address (P.O. Box Number is Not Acceptable) 6719 WINKLER RD. STE 220 City FT. MYERS		
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 <u><i>William L. Schreiber</i></u>			DATE <u><i>1/18/05</i></u>		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHREIBER, WILLIAM L 16536 WELLINGTON LAKES CIR FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROGERS, JOHN W 1490 BASS CIRCLE FT. MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>William L. Schreiber</i></u>				DATE: <u><i>1/18/05</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE #: <u><i>239-489-4090</i></u>	