

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000069494

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** TRUE QUEST PROPERTY MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

481 MONT CLAIRE DRIVE  
WESTON, FL 33326 US

**New Principal Place of Business:**

481 MONTCLAIRE DRIVE  
WESTON, FL 33326 US

**Current Mailing Address:**

481 MONT CLAIRE DRIVE  
WESTON, FL 33326 US

**New Mailing Address:**

481 MONTCLAIRE DRIVE  
WESTON, FL 33326 US

**FEI Number:** 84-1692530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEINBERG, STEVEN A  
7805 S.W. 6TH COURT  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MEDINA, PETER  
Address: 481 MONT CLAIRE DRIVE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MEDINA, PETER  
Address: 481 MONTCLAIRE DRIVE  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: PEDRO L. MEDINA

MGMR

04/28/2006

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