


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90195 023 ****50.00

DOCUMENT # L01000001603	
1. Entity Name CY & Q MANUFACTURING, LLC	

Principal Place of Business 16082 VIA MONTEVERDE DELRAY BEACH FL 33446	Mailing Address 16082 VIA MONTEVERDE DELRAY BEACH FL 33446
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2. Principal Place of Business 120 OCEAN GRANDE BLVD Suite, Apt. #, etc. 703 City & State JUPITER, FL Zip 33477 Country USA	3. Mailing Address 120 OCEAN GRANDE BLVD Suite, Apt. #, etc. 703 City & State JUPITER FL Zip 33477 Country USA
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MOORE CR2E083 (11/03)

4. FEI Number 65-1077634	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPMAN, GEORGE 16082 VIA MONTEVERDE DELRAY BEACH FL 33446	
7. Name and Address of New Registered Agent Name CHAPMAN, GEORGE E Street Address (P.O. Box Number is Not Acceptable) 120 OCEAN GRANDE BLVD # 703 City JUPITER, FL Zip Code 33477	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPMAN, GEORGE E 16082 VIA MONTE VERDE DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPMAN, GEORGE E 120 OCEAN GRANDE BLVD, # 703 JUPITER, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CY & Q COMPANY LIMITED 18 CHEUNG LEE ST ROOM 2008 20 K CTC CHAI WAN HK <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	 <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	 <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	 <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	 <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: George E. Chapman
GEORGE E. CHAPMAN

02/23/04 561-746-0659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #