

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016050

1. Entity Name
LQL, LLC



Principal Place of Business
**250 PARK AVE., SOUTH 5TH FLOOR
WINTER PARK, FL 32789**

Mailing Address
**250 PARK AVE., SOUTH 5TH FLOOR
WINTER PARK, FL 32789**



01202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3754050

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUSH, RANDOLPH J
250 PARK AVE., SOUTH 5TH FLOOR
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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
02/04/04-80109-011 50.00

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LANGBERG, SAMUEL
10114 EMPYREAN WAY - APT. 201
LOS ANGELES, CA 900673808**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
QUICK, BLAINE B
PO BOX 8056
RANCHO SANTA FE, CA 92067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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: Samuel Langberg, MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/26/04 (310) 546-0408
Date Daytime Phone #

SAMUEL LANGBERG