2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: James James Lang Long SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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

Daytime Phone #

ANNUAL REPORT					Secretary of State			
DOCUMENT # L01000016050 1. Entity Name LQL, LLC					03-21-2005 90533 023 ****50.00			
250 PARK AVE., SOUTH 5TH FLOOR 250 PARK A		Mailing Address 250 PARK AVE., SOUTH WINTER PARK, FL 32789	RK AVE., SOUTH 5TH FLOOR			## ###################################	n e l bel b el	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		031020	005 Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FELN 59-	umber 3754050		plied For t Applicable	
Zip	Country	Zip	Country	5. Certif	icate of Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New R	legistered Agent		
250 PARK	NDOLPH J AVE., SOUTH 5TH FLOOR ARK, FL 32789	Namé Street Ad	arne reet Address (P.C. Box Number is Not Acceptable)					
			City			FL Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registered agent,	or both, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE								
Fi.	ling Fee is \$50.00 ue by May 1, 2005	्षा का राष्ट्रविधाः स्थानः । तर्गानः स्थानः च न्त्रवीः दुन्तस्य तः । जात्राकी त्रस्य	karan yang 1876 Manasaran Tarang 18 Januaran Taran Januaran Januaran	HELLEN PRIMA Lybright Joseph (J.)		te check payable to a Department of State	روان الكاران (1846م) الكاران المستحدد الم	
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9.	MANAGING MEMBE	RS/MANAGERS	10.	·	ADDITIONS/	/CHANGES		
TITLE	MGRM :	☐ Dèlete	TITLE	-		☐ Change	Addition	
NAME	LANGBERG, SAMUEL		NAME					
STREET ADDRESS CITY-ST-ZIP	10114 EMPYREAN WAY - APT. : LOS ANGELES, CA 900673808	201	STREET ADDRESS CITY-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE			Change	Addition	
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STREET ADDRESS CITY-ST-ZIP	PO BOX 8056 RANCHO SANTA FE, CA 92067		STREET ADDRESS CITY-ST-ZIP	PO Box 2	71			
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indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have the	e same legal effec	t as if made unde	roath; that I am a manag	I further certify that the in ging member or manage	nformation or of the	
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608; Florida Statutes.								
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