

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90150 017 ****50.00

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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01042006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 WHHW, INC.

Street Address (P.O. Box Number is Not Acceptable)
 390 N. Orange Avenue, Suite 1500

City
 Orlando

State
 FL

Zip Code
 32801

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 _____ DATE _____

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LANGBERG, SAMUEL	
STREET ADDRESS	10114 EMPYREAN WAY - APT. 201	
CITY-ST-ZIP	LOS ANGELES, CA 900673808	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	QUICK, BLAINE B	
STREET ADDRESS	P.O. BOX 271	
CITY-ST-ZIP	RANCHO SANTA FE, CA 92067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

_____ Date _____ Daytime Phone # _____