

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90092 044 \*\*\*\*50.00

<b>DOCUMENT # L01000021918</b>					
<b>1. Entity Name</b> IQ MEDIA GROUP, LTD. CO.					
<b>Principal Place of Business</b> 8660 COLLEGE PARKWAY, SUITE 300 FT. MYERS, FL 33919			<b>Mailing Address</b> 8660 COLLEGE PARKWAY, SUITE 300 FT. MYERS, FL 33919		
<b>2. Principal Place of Business</b> 6719 WINKLER RD. Suite, Apt. #, etc. 220		<b>3. Mailing Address</b> 6719 WINKLER RD. Suite, Apt. #, etc. 220		<b>20003007</b> 	
<b>City &amp; State</b> FT. MYERS, FL Zip 33919 Country USA		<b>City &amp; State</b> FT. MYERS, FL Zip 33919 Country USA		<b>4. FEI Number</b> 65-1159178	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SCHREIBER, WILLIAM L 8660 COLLEGE PARKWAY, SUITE 300 FT. MYERS, FL 33919			<b>7. Name and Address of New Registered Agent</b> Name: SCHREIBER, WILLIAM L. Street Address (P.O. Box Number is Not Acceptable): 6719 WINKLER RD. City: STE 220 City: FT. MYERS FL Zip Code 33919		
<b>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.</b> SIGNATURE: <u>William L. Schreiber</u> DATE: <u>1/18/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> SCHREIBER, WILLIAM L <b>STREET ADDRESS</b> 16536 WELLINGTON LAKES CIR <b>CITY - ST - ZIP</b> FORT MYERS, FL 33908	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> ROGERS, JOHN W <b>STREET ADDRESS</b> 1490 BASS CIRCLE <b>CITY - ST - ZIP</b> FT. MYERS, FL 33919	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>William L. Schreiber</u>			<u>1/18/05</u>		<u>239-489-4090</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>