


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90181 013 ****50.00

DOCUMENT # L01000022263			
1. Entity Name Q ENTERPRISES, LLC			
Principal Place of Business 2747 BLANDING BLVD SUITE 102 MIDDLEBURG, FL 32068		Mailing Address 2747 BLANDING BLVD SUITE 104 MIDDLEBURG, FL 32068	
2. Principal Place of Business		3. Mailing Address 2747 Blanding Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 102	
City & State		City & State Middleburg, FL	
Zip	Country	Zip	Country Clay
32068			
4. FEI Number 52-2363612		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUINONEZ, SUZANNE C 2747 BLANDING BLVD SUITE 104 MIDDLEBURG, FL 32068		Name Quinonez, Suzanne C. Street Address (P.O. Box Number is Not Acceptable) 2747 Blanding Blvd Suite 102 City Middleburg FL Zip 32068	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUINONEZ, ARISTIDES 4338 CLOVE ST MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Suzanne C. Quinonez</u> MGRM		Date: <u>2/8/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Day and Phone #</small>	