


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000022263**

1. Entity Name  
**Q ENTERPRISES, LLC**



Principal Place of Business <b>2747 BLANDING BLVD          SUITE 102          MIDDLEBURG, FL 32068</b>	Mailing Address <b>2747 BLANDING BLVD          SUITE 102          MIDDLEBURG, FL 32068</b>
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>52-2363612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**QUINONEZ, SUZANNE C  
 2747 BLANDING BLVD  
 SUITE 102  
 MIDDLEBURG, FL 32068**

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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 of authorized representative of registered agent and filer of application. (MGT) Registered Agent signature required when re-appointing.

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM QUINONEZ, ARISTIDES 4338 CLOVE ST MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM QUINONEZ, SUZANNE C 4338 CLOVE ST MIDDLEBURG, FL 32068
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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 606, Florida Statutes.

SIGNATURE: Suzanne C. Quinonez 1/5/06 (904) 282-6022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE DATE