


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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 102 MIDDLEBURG, FL 32068
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01312007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 renewing)

Filing Fee is \$50.00 Due by May 1, 2007

1000000622696
 02/13/07-80036-014 50.00

8. 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: *Suzanne C. Quinonez* **2/1/07** **(904) 282-6022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #