

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90079 031 ****50.00

DOCUMENT # L02000002738					
1. Entity Name LIQ, LLC					
Principal Place of Business 9998-B FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 US			Mailing Address 9998-B FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 US		
2. Principal Place of Business P.O. Box 19404 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 19404 Suite, Apt. #, etc.			
City & State Panama city beach, FL		City & State Panama city beach, FL		4. FEI Number 30-0038310	
Zip 32417		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TEHRANI, DENISE A 13109 OLEANDER DR. PANAMA CITY BEACH, FL 32407			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME TEHRANI, DENISE A STREET ADDRESS 13109 OCEANDER DR CITY-ST-ZIP PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete		TITLE MGRM NAME DENISE A. TEHRANI STREET ADDRESS P.O. Box 19404 CITY-ST-ZIP Panama city beach, FL 32417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME CRAIG, LARRY D STREET ADDRESS 1849 LAKE AVE CITY-ST-ZIP PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME COOK, PATRICIA H STREET ADDRESS 1849 LAKE AVENUE CITY-ST-ZIP PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Denise Tehran</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2-2-04 (850) 960-0007 <small>Date Daytime Phone #</small>		

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