

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012337

Entity Name: JAVAQUEST LLC

FILED  
Jan 05, 2007  
Secretary of State

**Current Principal Place of Business:**

4182 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4182 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 02-0603808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOLDER, HOWARD  
4182 S. UNIVERSITY DRIVE  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

HARRELL, JOHN W JR  
4182 S. UNIVERSITY DRIVE  
DAVIE, FL 33328 US

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.

SIGNATURE: JOHN W. HARRELL, JR

01/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOLDER, HOWARD  
Address: 16033 BRIER CREEK DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR ( ) Delete  
Name: HARRELL, JOHN  
Address: 18360 S.W 157 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33331

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: HARRELL, JOHN W JR  
Address: 18360 S.W 157 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN W. HARRELL, JR

MGR

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date