


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000024690</b> 1. Entity Name FULL HOUSE Q/K, LLC	
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Principal Place of Business 125 EAST JEFFERSON STREET ORLANDO, FL 32801	Mailing Address 125 EAST JEFFERSON STREET ORLANDO, FL 32801
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**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 55-0800010	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TERRY, DAVID E 125 EAST JEFFERSON STREET ORLANDO, FL 32801
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

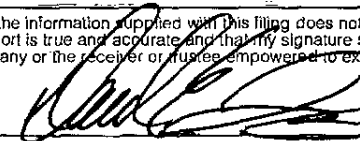
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, LYNN F 1707 DELANEY AVE ORLANDO, FL 32886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENT, CAROLYN 1204 POINETTIA AVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERRY, DAVID E 120 MINNEHAHA CIRCLE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVETT, LEANNE A 667 GREENE DR. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000315200  
04/19/05-80022-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:  **DAVID E. TERRY** 4-13-05 402 843-1956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #