

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # L02000024690

1. Entity Name  
FULL HOUSE Q/K, LLC



Principal Place of Business  
125 EAST JEFFERSON STREET  
ORLANDO, FL 32801

Mailing Address  
125 EAST JEFFERSON STREET  
ORLANDO, FL 32801



04112008No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0800010

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TERRY, DAVID E  
125 EAST JEFFERSON STREET  
ORLANDO, FL 32801

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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

000000509294  
04/28/06-80036-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

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

**DO NOT WRITE  
IN THIS SPACE**

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:

*David E Terry*  
DAVID E TERRY

4-11-06

407-843-1958

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

Date

Daytime Phone #