2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028694

1. Entity Name
SCQ ENTERPRISES, LLC

FILED
Feb 05, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2747 BLANDING BLVD., STE. 102 MIDDLEBURG, FL 32068	2747 BLANDING BLVD., STE. 102 MIDDLEBURG, FL 32068

01212004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1662579
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

QUINONEZ, SUZANNE C
2747 BLANDING BLVD., STE. 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 reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000034612
02/05/04-80091-022 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	QUINONEZ, SUZANNE C
STREET ADDRESS	2747 BLANDING BLVD., STE 102
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	MGR
NAME	QUINONEZ, ARISTIDES
STREET ADDRESS	2747 BLANDING BLVD., STE 102
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	MGR
NAME	SMILEY, LEANNE C
STREET ADDRESS	13000 W. WOOD SPRING ST.
CITY-ST-ZIP	BOISE, ID 83713
TITLE	MGR
NAME	SMILEY, WILLIAM A
STREET ADDRESS	13000 W. WOODSPRING ST.
CITY-ST-ZIP	BOISE, ID 83713
TITLE	MGR
NAME	CLANIN, JOHN D
STREET ADDRESS	3771 RIO ROAD #205
CITY-ST-ZIP	CARMEL, CA 93923
TITLE	MGR
NAME	CLANIN, MAUREEY O
STREET ADDRESS	3771 RIO ROAD
CITY-ST-ZIP	CARMEL, CA 93923

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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: Suzanne C. Quinonez MGR 2/3/04 (904) 282-6022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

* LLC 2/3/04