

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90181 014 ****50.00

DOCUMENT # L02000028694					
1. Entity Name SCQ ENTERPRISES, LLC					
Principal Place of Business 2747 BLANDING BLVD., STE. 102 MIDDLEBURG, FL 32068			Mailing Address 2747 BLANDING BLVD., STE. 102 MIDDLEBURG, FL 32068		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1662579	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
QUINONEZ, SUZANNE C 2747 BLANDING BLVD., STE. 102 MIDDLEBURG, FL 32068				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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-appointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME QUINONEZ, SUZANNE C STREET ADDRESS 2747 BLANDING BLVD., STE 102 CITY-ST-ZIP MIDDLEBURG, FL 32068	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE MGR NAME QUINONEZ, ARISTIDES STREET ADDRESS 2747 BLANDING BLVD., STE 102 CITY-ST-ZIP MIDDLEBURG, FL 32068	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE MGR NAME SMILEY, LEANNE C STREET ADDRESS 13000 W. WOOD SPRING ST. CITY-ST-ZIP BOISE, ID 83713	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE MGR NAME SMILEY, WILLIAM A STREET ADDRESS 13000 W. WOODSPRING ST. CITY-ST-ZIP BOISE, ID 83713	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE MGR NAME CLANIN, JOHN D STREET ADDRESS 3771 RIO ROAD #205 CITY-ST-ZIP CARMEL, CA 93923	☐ Delete		TITLE MGR NAME Clanin, John D. STREET ADDRESS 565 W. Colchester Dr. CITY-ST-ZIP Eagle, ID 83616	☒ Change ☐ Addition	
TITLE MGR NAME CLANIN, MAUREEY O STREET ADDRESS 3771 RIO ROAD CITY-ST-ZIP CARMEL, CA 93923	☐ Delete		TITLE MGR NAME Clanin, Maureen O. STREET ADDRESS 565 W. Colchester Dr. CITY-ST-ZIP Eagle, ID 83616	☒ Change ☐ 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>Suzanne C. Quinonez</u> MGR				2/8/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	