


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000007697**

1. Entity Name  
 EQ TROPICAL FLOWERS, L.L.C.



Principal Place of Business      Mailing Address

1043 LAVENDER CIRCLE      1043 LAVENDER CIRCLE  
 WESTON, FL 33327      WESTON, FL 33327

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 13-4240954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

QUIJANO, ELSIE  
 1043 LAVENDER CIRCLE  
 WESTON, FL 33327

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUIJANO, ELSIE 1043 LAVENDER CIRCLE WESTON, FL 33327
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUIJANO, ALFONSO 1043 LAVENDER CIRCLE WESTON, FL 33327
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/24/05-80150-024 50.00

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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)(f), 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: *Alfonso Quijano*      Date: *1/19/05*      Daytime Phone #: *954-389-4020*

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