


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000007697
 1. Entity Name
 EQ TROPICAL FLOWERS, L.L.C.



Principal Place of Business 1043 LAVENDER CIRCLE WESTON, FL 33327	Mailing Address 1043 LAVENDER CIRCLE WESTON, FL 33327
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03262006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4240954	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

QUIJANO, ELSIE
 1043 LAVENDER CIRCLE
 WESTON, FL 33327

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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 reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUIJANO, ELSIE 1043 LAVENDER CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUIJANO, ALFONSO 1043 LAVENDER CIRCLE WESTON, FL 33327
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 04/18/06-80058-005 50.00

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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 faceliver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alfonso Quijano ALFONSO QUIJANO 3/27/06 (954) 389-4020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #