


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90151 006 ****50.00

DOCUMENT # L03000009590 1. Entity Name ZDQ L.L.C.					
Principal Place of Business 5510 NORTH OCEAN DRIVE RIVIERA BEACH, FL 33404			Mailing Address 5510 NORTH OCEAN DRIVE RIVIERA BEACH, FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
QAMAR, VIRGINIA 5510 NORTH OCEAN DRIVE RIVIERA BEACH, FL 33404				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	QAMAR, VIRGINIA		NAME		
STREET ADDRESS	5510 NORTH OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Virginia Qamar</u> - Virginia QAMAR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				561-848-9823 4/30/04 <small>Date Daytime Phone #</small>	