

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009615

Entity Name: QUEST CONSULTING LLC

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

565 OAKS LANE, SUITE 402
POMPANO BEACH, FL 33069

New Principal Place of Business:

565 OAKS LANE
SUITE 402
POMPANO BEACH, FL 33069

Current Mailing Address:

3313 NORTH 20TH ROAD
ARLINGTON, VA 22207

New Mailing Address:

565 OAKS LANE
SUITE 402
POMPANO BEACH, FL 33069

FEI Number: 33-1047939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEAUPRE, CELESTE
565 OAKS LANE, #402
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: BEAUPRE, CELESTE M
Address: 565 OAKS LANE, SUITE 402
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BEAUPRE, CELESTE M
Address: 565 OAKS LANE, SUITE 402
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CELESTE BEAUPRE

MGR

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date