2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# L03000010278

Entity Name: QUAZAR QUEST 2 LLC

Current Principal Place of Business:

722 SW 28TH AVENUE
BOYNTON BCH., FL 33435

New Principal Place of Business:

Current Mailing Address:

722 SW 28TH AVENUE
BOYNTON BCH., FL 33435

New Mailing Address:

PO BOX 353322
PALM COAST, FL 32135

FEI Number: 06-1706110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDERSON, CHARLSA A
722 SW 28TH AVENUE
BOYNTON BCH., FL 33435 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: MGRM ( ) Delete
Name: HENDERSON, CHARLSA A
Address: 722 SW 28TH AVENUE
City-St-Zip: BOYNTON BCH., FL 33435

Title: MGRM ( ) Delete
Name: HENDERSON, KEVIN B
Address: 44 BUTTERMILL DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: HENDERSON, DANIEL C
Address: 722 SW 28TH AVENUE
City-St-Zip: BOYNTON BCH, FL 33435

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: KEVIN B HENDERSON MGRM 07/02/2004

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