

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013616

Entity Name: ITQ, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

120 SEVERINO DRIVE
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

261 OLD YORK ROAD, THE PAVILION
SUITE 900
JENKINTOWN, PA 19046

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRUEX, LEROY E
120 SEVERINO DRIVE
ISLAMORADA, FL 33036 US

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/MANAGERS:

Title: MGRM () Delete
Name: TRUEX, LEROY E MGRM
Address: 120 SEVERINO DRIVE
City-St-Zip: ISLAMORADA, FL 33036 US

Title: MGRM () Delete
Name: TRUEX, MARTIN MGRM
Address: 1248 COCONUT ROW ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: MEYERS, JAMES MGRM
Address: 14 CENTER LANE
City-St-Zip: KEY LARGO, FL 33037 US

Title: MGRM () Delete
Name: BRENNAN, ROBERT MGRM
Address: 3310 HARNESS CREEK ROAD
City-St-Zip: ANNAPOLIS, MD 21403 US

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LEROY E TRUEX

MGRM

05/01/2006

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