


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000041294 Entity Name QUIBU, L.L.C.	
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Principal Place of Business 3536 VIA POINCIANA LAKE WORTH, FL 33467 US	Mailing Address 2701 N. OCEAN BLVD #504 BOCA RATON, FL 33431
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04262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1192523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANTHAM, KIRK 1860 FOREST HILL BOULEVARD NO. 105 WEST PALM BEACH, FL 33406	DO NOT WRITE IN THIS SPACE
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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	MGRM BOGORAD, HARRY 3536 VIA POINCIANA LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERG, RONDA 3536 VIA POINCIANA LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDLANDER, JUDITH 3536 VIA POINCIANA LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLBIN, PATTI 3536 VIA POINCIANA LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALLEJO, ANA MARIA 3536 VIA POINCIANA LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELANEY, GARY 3536 VIA POINCIANA LAKE WORTH, FL 33467	

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05/13/06-80111-013 50.00

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: HARRY BOGORAD 4/25/06 561-966-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #