

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046477

FILED
Jan 07, 2005
Secretary of State

Entity Name: JOHN Q ENTERPRISES L.L.C.

Current Principal Place of Business:

5701 PEBBLE BROOK LANE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

8648 GLADIOLUS DR #306
FORT MYERS, FL 33908

Current Mailing Address:

5701 PEBBLE BROOK LANE
BOYNTON BEACH, FL 33437

New Mailing Address:

15880 SUMMERLIN ROAD
#300-307
FORT MYERS, FL 33908

FEI Number: 30-0215988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKNIGHT, JOHN
5701 PEBBLE BROOK LANE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

MACKNIGHT, JOHN
15611 IONA LAKES DRIVE
FORT MYERS, FL 33908 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: JOHN MACKNIGHT

01/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MACKNIGHT, JOHN
Address: 5701 PEBBLE BROOK LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM () Delete
Name: FALCONE, JOHN
Address: 19017 SKYRIDGE CIRCLE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES:

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 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: JOHN MACKNIGHT

MGRM

01/07/2005

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