

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90366 019 ***150.00

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04292005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000054610 1. Entity Name QUEST INDUSTRIES .US, LLC					
Principal Place of Business 1284 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 US				Mailing Address 1284 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 US	
2. Principal Place of Business 3801 N. University Dr.		3. Mailing Address 3801 N. University Dr.			
Suite, Apt. #, etc. 310		Suite, Apt. #, etc. 310			
City & State Sunrise, FL		City & State Sunrise, FL			
Zip 33351		Country Broward		Zip 33351	
Country Broward		4. FEI Number 20-0604195			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TODD, GREGORY P 1284 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name Gregory P. Todd Street Address (P.O. Box Number is Not Acceptable) 2260 NW 69 Terrace City Margate FL Zip Code 33063		
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 <small>Signature, typewritten printed name of registered agent and title if applicable.</small>			DATE 4/29/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TODD, GREGORY P 1284 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Todd, Gregory P 2260 NW 69 Terrace Margate FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 4/29/05 DAYTIME PHONE # 954-444-8929		