2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/6/2

FILED
Jun 07, 2004 8:00 am
Secretary of State
05-06-2004 90003 038 ****50.00

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1. Entity Name
BALQUEES, L.L.C.

Principal Place of Business	Mailing Address
C/O CHARLES E. GARRIS 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963	C/O CHARLES E. GARRIS 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1061534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRIS, CHARLES E 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Omar D. Hussamy as Trustee of the Omar D. Hussamy Trust u/a/d 12/20/96, as ~~amended~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager 1211 Indian Mound Trail Vero Beach, FL 32963 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Samir Hussamy as Trustee of the Samir Hussamy Trust u/a/d 02/02/01 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager 1761 Bay Oak Circle Vero Beach, FL 32963 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ____________________ 4-25-04 (772) 221-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #