## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # L0400000922  1. Entity Name 4Q, LLC					04-26-2005 90020 039 ****50.00				
Principal Place of Br	usiness	Mailing Address	I		1	. ~ ~ ~	, , , , ,	U H	
1680 FRUITVILLE SARASOTA, FL 34	RD, STE 102	1680 FRUITVILLE RD, SARASOTA, FL 34236							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005	Chg-LLC	CR2E	083 (10/03)	
City & State		City & State			4. FEI Number 20	05850	ما۵	<b>→</b>	pplied For
Zip	Country	Zip	Country			of Status Desired		\$5.00 Add	ditional
6.	Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New R	Registered	Agent	
CATEC CUAD	. i		Na	ame					
GATES, CHAD 1680 FRUITVIL SARASOTA, FL	LE RD, STE 102		Street Address		P.O. Box Numbe	er is Not Acceptable	e)		
•									
			Ci	ty			F	Zip Cod	le
8. The above name	ed entity submits this statement for	or the purpose of changing it	s registered of	tice or register	ed agent, or bot	h, in the State of Flo	orida. I an	n familiar with,	and accept
the obligations of	f registered agent.								
	,								
SIGNATURE	re typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agen	nt signature required	when reinstating)		DATE		
SIGNATURE Signatur	re, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agen	nt signature required	when reinstating)		DATE		·
Signetu	Fee is \$50.00	snd title if applicable. (NO	TE: Registered Agen	nt signature required	when reinstating)		re check	payable to πent of Stat	
Signetu	Fee is \$50.00		TE: Registered Agen	nt signature required	when reinstating)		re check a Departr	nent of Stat	
Signetu Filling Due by	Fee is \$50.00 y May 1, 2005				when reinstating)	Florida	re check a Departr	nent of Stat	<b>e</b>
Filing Due by  9. IRLE NAME	Fee is \$50.00 y May 1, 2005	ERS/MANAGERS	10. TITLE NAME	M/Fou	4N. MB6	ADDITIONS	te check a Departr	nent of Stat	
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11. I hereby certify that the information supplied with this filling 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 tryografid 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

941-308-35