


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

| | |
|---|--|
| DOCUMENT # L04000008598 1. Entity Name MQR, L.L.C |  |
|---|--|

Principal Place of Business
**2262 HARBOR VIEW DR
DUNEDIN, FL 34698 US**

Mailing Address
**2262 HARBOR VIEW DR
DUNEDIN, FL 34698 US**



04022006 No Chg-LLC

CR2E063 (11/05)

4. FEI Number
20-0773714

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MANDANI, KHAIRUNISSA
2262 HARBOR VIEW DR
DUNEDIN, FL 34698**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

000000500186
04/25/06-80012-023 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MANDANI, KHAIRUNISSA 2262 HARBOR VIEW DR DUNEDIN, FL 34698 |
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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Ons

Daytime Phone # _____

4/11/06.