
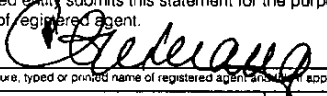
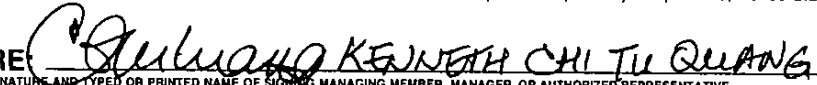


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90103 034 ****50.00

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # L04000045449 | | | |  | |
| 1. Entity Name QUANG OF ORLANDO, LLC | | | | | |
| Principal Place of Business 7143 SOMERSWORTH DRIVE ORLANDO, FL 32835 | | | Mailing Address 7143 SOMERSWORTH DRIVE ORLANDO, FL 32835 | | |
| 2. Principal Place of Business 950 N. Westmoreland Dr | | 3. Mailing Address PO Box 547187 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State ORLANDO FL | | City & State ORLANDO FL | | 4. FEI Number 65-1230169 | |
| Zip 32804 | | Country ORANGE | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 32806 | | Country ORANGE | | 03092005 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent QUANG, KENNETH CHI TU 7143 SOMERSWORTH DRIVE ORLANDO, FL 32835 | | | 7. Name and Address of New Registered Agent Name Quang, Kenneth Chi Tu Street Address (P.O. Box Number is Not Acceptable) 950 N. Westmoreland Dr. City ORLANDO FL Zip Code 32804 | | |
| 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  | | | DATE 04/20/05 | | |
| 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 QUANG, KENNETH CHI TU 7143 SOMERSWORTH DRIVE ORLANDO, FL 32835 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | mgr Quang, Kenneth Chi Tu 950 N. Westmoreland Dr. ORLANDO, FL 32804 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR QUANG, VON NGO 7143 SOMERSWORTH DRIVE ORLANDO, FL 32835 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | mgr Quang, Von Ngo 950 N. Westmoreland Dr. ORL, FL 32804 | <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 |
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| 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  | | | DATE 04/20/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone # (407) 816-3000 | | |