

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90103 033 ****50.00

DOCUMENT # L04000045451					
1. Entity Name QUANG OF ORLANDO #2, 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 Florida		City & State ORLANDO FLORIDA		4. FEI Number 65-1230122	
Zip 32804		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent QUNAG, 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 MGR NAME QUANG, KENNETH CHI TU STREET ADDRESS 7143 SOMERSWORTH DRIVE CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete		TITLE MGR NAME Quang, Kenneth Chi Tu STREET ADDRESS 950 N. Westmoreland DR. CITY-ST-ZIP ORLANDO FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME QUANG, VON NGO STREET ADDRESS 7143 SOMERSWORTH DRIVE CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete		TITLE MGR NAME Quang, Von Ngo STREET ADDRESS 950 N. Westmoreland DR. CITY-ST-ZIP ORLANDO FL 32804	<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: KENNETH CHI TU QUANG 04/20/05 816-3000					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					