

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90043 011 ****50.00

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|--|---|---|---|--|--|
| DOCUMENT # L04000045451 1. Entity Name QUANG OF ORLANDO #2, LLC | | | | | |
| Principal Place of Business 950 NORTH WESTMORELAND DRIVE ORLANDO, FL 32804 US | | | Mailing Address P.O. BOX 547187 ORLANDO, FL 32854-7187 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03212007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 65-1230172 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent QUANG, KENNETH CHI TU 950 NORTH WESTMORELAND DRIVE ORLANDO, FL 32804 | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | 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 950 NORTH WESTMORELAND DRIVE ORLANDO, FL 32804 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR QUANG, VON NGO 950 NORTH WESTMORELAND DRIVE ORLANDO, FL 32804 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR QUANG, VON NGO 950 NORTH WESTMORELAND DRIVE ORLANDO, FL 32804 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR QUANG, VON NGO 950 NORTH WESTMORELAND DRIVE ORLANDO, FL 32804 | <input type="checkbox"/> Delete | | | |
| 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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4/10/07 Daytime Phone # 407-816-3000 | | | | | |