## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90103 032 \*\*\*\*50.00

DOCUMENT # L0400045453  1. Entity Name QUANG OF ORLANDO #3, LLC					05-02-2005 90103 032 ****50.00				
Principal Place of Business Mailing Address 7143 SOMERSWORTH DRIVE 7143 SOMERSWORTH DRIVE ORLANDO, FL 32835 ORLANDO, FL 32835								J U	
2. Principal Place of Business  950 N · Westmoreland DR PO BOX 547/ Suite, Apt. #, etc.									
City & Stat		City & State			03102005 Chg-LLC CR2E083 (10/03)  4. FEI Number Applied For				
ORlar	Ido FLORIDA	ORLando	FLORIC		65-12			No	t Applicable
328		Zip 32854	Country Orang	<u>e</u>		f Status Desired		\$5.00 Add Fee Required	
<u></u>	6. Name and Address of Current F	Registered Agent	Name			Address of New I			
QUANG, KENNETH CHI TU 7143 SOMERSWORTH DRIVE ORLANDO, FL 32835  QUANG, KENNETH CHI TU Street Address (P.O. Box Number is Not Acceptable)									
GALFARDO, 1 E 02000				950 N. Westmoreland DR.					
City O					Lando 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  Signature, typed or printed name of registered agent amounts in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of Florida. Or both in the State of Florida. I am familiar with accept the obligations of Florida. Or both in the State of Florida. Or both in the State of Florida. Or both in the State of Florida.									
Filing Fee is \$50.00 Due by May 1, 2005							ke check ( la Departn	payable to nent of State	•
9.	. MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME	MGR QUANG, KENNETH CHI TU	☐ Delete	TITLE NAME	mgR	ng, Ker	nneth Cl	hi Tu	<b>C</b> Change	Addition
STREET ADDRESS	7143 SOMERSWORTH DRIVE		STREET ADDRESS	95	O N. W	restmore	eland	DR	
CITY-ST-ZIP	ORLANDO, FL 32835 MGR		CITY-ST-ZIP	mgR	Lando	FIORI	BA	3280	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUANG, VON NGO 7143 SOMERSWORTH DRIVE ORLANDO, FL 32835	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Qua	ng, Vo	n Ngo Jestmore Flo	eland RIDA	□ Change △R. 328	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	cortify that the information	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	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.									