## 2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT		_ Apr 24, 2006 08:00
DOCUMENT # L04000045453		Secretary of State
1. Entity Name QUANG OF ORLANDO #3, LLC		
QUANG OF ORLANDO #3, EEC		
Principal Place of Business Mailing Address		
950 N WEST MORELAND DR P.O. BOX 547187		
ORLANDO, FL 32804 ORLANDO, FL 32854		
DO NOT WRITE IN THIS SPACE		04172006No Chg-LLC CR2E083 (11/05)
		4. FEI Number Applied For
		65-1230178 Not Applicable
	ow _ 1 to see on week	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent	_	
QUANG, KENNETH CHI TU		DO NOT WRITE
950 N WEST MORELAND DR ORLANDO, FL 32804		
		IN THIS SPACE
<ol><li>The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.</li></ol>	tered office or register	red agent, or both, in the State of Florida. I am familiar with, and accep-
SIGNATURE		and the second s
	lered Agent signature required	when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE MGR NAME QUANG, KENNETH CHI TU		
STREET ADDRESS 950 N WESTMORELAND DR	1	<u> </u>
CITY-ST-ZIP ORLANDO, FL 32804		n2\ne\ne-enna<-n13 20 00
TITLE MGR NAME QUANG, VON NGO	l	
STREET ADDRESS 950 N WESTMORELAND DR		
CITY-ST-ZIP ORLANDO, FL 32804	4	
TIRE NAME		
STREET ADDRESS		DO NOT WRITE
CITY-S1-ZIP	<u></u> [	
NAME	1	IN THIS SPACE
STREET ADDRESS  CITY-ST-ZIP	1	
YRLE	[	

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 HANGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #