2005 LIMITED LIABILITY COMPANY

May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2005 90103 035 ****50.00 DOCUMENT # L04000045457 QUANG OF ORLANDO #5, LLC SAABEERA Principal Place of Business Mailing Address 7143 SOMERWORTH DRIVE 7143 SOMERWORTH DRIVE ORLANDO, FL 32835 ORLANDO, FL 32835 DR 3. Mailing Address 2. Principal Place of Business PO BOX 547187 950 N. Westmoreland Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 Chg-LLC CR2F083 (10/03) Applied For City & State 4. FEI Number City & State FIORIDA 65-1230183 Not Applicable FloriDa ORLANDO ORLANDO Country \$5.00 Additional Country 5. Certificate of Status Desired 204 Orange Fee Required 3280Y DEANGE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Quang, Kenneth Cl Street Address (P.O. Box Number is Not Acceptable) QUANG, KENNETH CHI TU 7143 SOMERWORTH DRIVE ORLANDO, FL 32835 N. WestmoreLand 8. The above named entry 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 SIGNATURE (NOTE, Registered Agent signature required when reinstatin Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. 9. MGR MGR ॐ TITLE Change Addition TITLE ☐ Delete Quang Kenneth Chi Tu 950 N. Westmoreland QUNAG KENNETH CHU TI NAME NAME DR 7143 SOMERWORTH DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32835 CITY-ST-ZIP FLORIDG 3280Y CHY-ST-7IP Delando m6R MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE Quang, Von Ngo 950 N. Westmoreland QUNAG, VON NGO NAME 74 STREET ADDRESS 7143 SOMERWORTH DRIVE STREET ADDRESS CITY-ST-ZIP 32804 CITY - ST - ZIP ORLANDO, FL 32835 ORIANDO FLORIDA Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED