
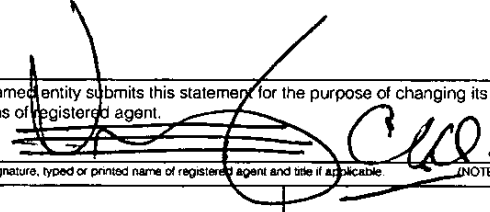
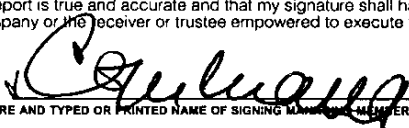


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90040 028 ****50.00

DOCUMENT # L04000045457 1. Entity Name QUANG OF ORLANDO #5, LLC					
Principal Place of Business 950 N WESTMORELAND DR ORLANDO, FL 32804			Mailing Address P.O. BOX 547187 ORLANDO, FL 32804		
2. Principal Place of Business		3. Mailing Address PO BOX 547187			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO FL		4. FEI Number 65-1230183	
Zip		Zip 32854		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent QUANG, KENNETH CHI TU 950 N WESTMORELAND DR 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:  DATE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR QUNAG, KENNETH CHU TI 950 N WESTMORELAND DR ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgr Quang, Kenneth Chu Tu 950 N. Westmoreland Dr. ORLANDO FL 32804
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR QUNAG, VON NGO 950 N WESTMORELAND DR ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgr Quang, Von Ngo 950 N. Westmoreland Dr. ORLANDO FL 32804
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR QUNAG, VON NGO 950 N WESTMORELAND DR ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgr Quang, Von Ngo 950 N. Westmoreland Dr. ORLANDO FL 32804
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR QUNAG, VON NGO 950 N WESTMORELAND DR ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgr Quang, Von Ngo 950 N. Westmoreland Dr. ORLANDO FL 32804
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				04/18/06 (407)832-7375	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	