

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051803

FILED
Mar 27, 2005
Secretary of State

Entity Name: AVENUE Q, LLC

Current Principal Place of Business:

255 EVERNIA STREET
WEST PALM BEACH, FL 33480

New Principal Place of Business:

255 EVERNIA STREET # 810
WEST PALM BEACH, FL 33480

Current Mailing Address:

255 EVERNIA STREET
WEST PALM BEACH, FL 33480

New Mailing Address:

255 EVERNIA STREET #810
WEST PALM BEACH, FL 33480

FEI Number: 80-0116228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARD, SHIRLEY & HARTMAN, P.A.
207 WEST PARK AVENUE, SUITE B
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ODELL, DREAMA J
255 EVERNIA STREET # 810
WEST PALM BEACH, FL 33402 US

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.

SIGNATURE: DREAMA J ODELL

03/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: O'DELL, DREAMA
Address: 255 EVERNIA STREET
City-St-Zip: WEST PALM BEACH, FL 33480

Title: MGRM (X) Delete
Name: WEINGARTNER, EDWARD JR.
Address: 255 EVERNIA STREET
City-St-Zip: WEST PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DREAMA J ODELL

MGRD

03/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date