

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90424 010 ****50.00

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03062005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000067130 1. Entity Name LQD ADRENALINA, LLC													
Principal Place of Business 3475 MYSTIC POINT DRIVE APT. 11 AVENTURA, FL 33180			Mailing Address 3475 MYSTIC POINT DRIVE APT. 11 AVENTURA, FL 33180										
2. Principal Place of Business 1600 N.E. 205th Terrace Suite, Apt. #, etc.		3. Mailing Address 1600 N.E. 205th Terrace Suite, Apt. #, etc.											
City & State North Miami Beach, FL Zip 33179 Country		City & State North Miami Beach, FL Zip 33179 Country		4. FEI Number 80-0120658									
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 GELLER, JEFFREY M 3475 MYSTIC POINT DRIVE APT. 11 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1600 N.E. 205th Terrace City North Miami Beach FL Zip Code 33179										
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 3/28/05 <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, 2005			Make check payable to Florida Department of State										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM NORTHBOUND ALLIANCE, LTD. 3475 MYSTIC POINT DRIVE APT. 11 AVENTURA, FL 33180 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTHBOUND ALLIANCE, LTD. 3475 MYSTIC POINT DRIVE APT. 11 AVENTURA, FL 33180		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeffrey M. Geller 1600 N.E. 205th Terrace North Miami Beach, FL 33179 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeffrey M. Geller 1600 N.E. 205th Terrace North Miami Beach, FL 33179		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/28/05

305-7704488