



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90029 044 ****50.00

DOCUMENT # L04000067130					
1. Entity Name LQD ADRENALINA, LLC					
Principal Place of Business 1600 NE 205TH TERR MIAMI, FL 33179			Mailing Address 1600 NE 205TH TERR MIAMI, FL 33179		
2. Principal Place of Business 20855 N.E. 16th Avenue Suite, Apt. #, etc. Unit C16 City & State North Miami Beach, FL Zip 33179		3. Mailing Address 20855 N.E. 16th Avenue Suite, Apt. #, etc. Unit C16 City & State North Miami Beach, FL Zip 33179			
03052006 Chg-LLC CR2E083 (11/05)		4. FEI Number 80-0120658		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent GELLER, JEFFREY M 1600 NE 205TH TERR MIAMI, FL 33179			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 20855 N.E. 16th Avenue Unit C16 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM GELLER, JEFFREY M 1600 NE 205TH TERR MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GELLER, JEFFREY M. 20855 N.E. 16TH AVENUE, UNIT C16 NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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: _____			305-770-4488		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		