

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90132 014 ****50.00

DOCUMENT # L04000072324

1. Entity Name

THE QSR GROUP TWO, LLC



Principal Place of Business

1542 KINGSLEY AVENUE, SUITE 132
ORANGE PARK FL 32073

Mailing Address

1542 KINGSLEY AVENUE, SUITE 132
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

131

Suite, Apt. #, etc.

131

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1497535

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSS, RODGER D JR.
111 N. ORANGE AVENUE, SUITE 900
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Jack Waelti

Street Address (P.O. Box Number is Not Acceptable)

1542 Kingsley Ave. Ste. 131

City

Orange Park

FL

Zip Code

32073

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

Jack Waelti Jack Waelti

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME *CEO*
STREET ADDRESS *Jack Waelti*
CITY-ST-ZIP *310 Whispering Willows Lane, Orange Park, FL 32067*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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.

SIGNATURE

Bradley B. O'Neil Bradley B. O'Neil

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

Date

1/28/05
901-269-7551

Daytime Phone