


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-18-2005 90132 012 ****50.00

DOCUMENT # L04000072351

1. Entity Name
THE QSR GROUP, LLC



Principal Place of Business Mailing Address

1542 KINGSLEY AVENUE, SUITE 132 **1542 KINGSLEY AVENUE, SUITE 132**
ORANGE PARK FL 32073 **ORANGE PARK FL 32073**



1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
37-1497533 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* DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS	
TITLE CEO	<input type="checkbox"/> Delete
NAME Jack Waelti	
STREET ADDRESS 310 Whispering Woods Dr.	
CITY-ST-ZIP Orange Park, FL 32073	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Barbara Trotter* DATE: _____ Daytime Phone #: **269-7551**
Signature and typed or printed name of signing managing member, manager, or authorized representative