


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 1542 KINGSLEY AVENUE, SUITE 132 ORANGE PARK FL 32073	Mailing Address 1542 KINGSLEY AVENUE, SUITE 132 ORANGE PARK FL 32073
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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 <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 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 (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	
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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	
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(2)(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: Jack Waelti **120105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **269-7551**