
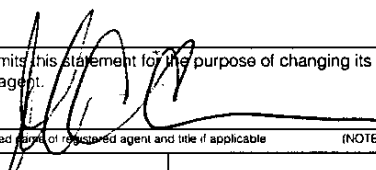
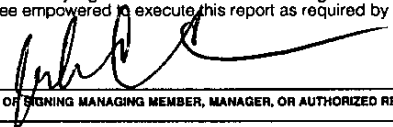


2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90083 009 \*\*\*\*50.00

<b>DOCUMENT # L04000086399</b> 1. Entity Name <b>OPTIQUEST INVESTMENTS, LLC</b>					
Principal Place of Business <b>731 WASHBURN ROAD MELBOURNE, FL 32935</b>			Mailing Address <b>731 WASHBURN ROAD MELBOURNE, FL 32935</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
02242005 Chg-LLC CR2E083 (10/03)			4. FEI Number <b>20-1932442</b>		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent  <b>COSTON, JOHN C 731 WASHBURN ROAD MELBOURNE, FL 32935</b>			7. Name and Address of New Registered Agent Name: <b>RICHARD J. MATY, JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>731 WASHBURN RD MELB., FL</b> City: <b>MELBOURNE</b> FL Zip Code: <b>32935</b>		
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:  <b>John C. Coston</b> 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSTON, JOHN C 731 WASHBURN ROAD MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Richard MATY 731 WASHBURN RD. MELB., FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEITH ALDEYHI 731 WASHBURN RD MELB., FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Coston 731 WASHBURN RD MELB., FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Coston 731 WASHBURN RD MELB., FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Coston 731 WASHBURN RD MELB., FL 32935	<input type="checkbox"/> Change <input checked="" 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:  <b>John C. Coston</b> 4/25/05 321 768-0370 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					