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Jun 19, 2006 8:00 am
Secretary of State
05-04-2006 90028 029 ****50.00

5/4.

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000031233

1. Entity Name
M S QUBED, L.L.C.

30010733

Principal Place of Business	Mailing Address
~~9228 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836 US~~	~~9228 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836 US~~

04122006 Chg-LLC CR2E083 (01/05)

2. Principal Place of Business	3. Mailing Address
7512 Dr Phillips Blvd	7512 Dr Phillips Blvd
Suite, Apt. #, etc. #50 PMB 514	Suite, Apt. #, etc. ~~STE~~ #50 PMB 514
City & State Orlando FL	City & State Orlando FL
Zip 32819 Country USA	Zip 32819 Country USA

4. FEI Number 202-59-3096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, SURABHI
9228 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 SINGH, SURABHI 9228 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BHARGAVA, AMIT 9084 GREAT HERON CIRCLE ORLANDO, FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BHARGAVA, SANGEETA 9084 GREAT HERON CIRCLE ORLANDO, FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: x Surabhi Singh x 4-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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