


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90018 028 \*\*\*\*55.00

<b>DOCUMENT # L05000041066</b>	
<b>1. Entity Name</b> RIQUEZA ENTERPRISES LLC	

<b>Principal Place of Business</b> 6444 BARTON CREEK CIRCLE LAKE WORTH, FL 33463 US	<b>Mailing Address</b> 6444 BARTON CREEK CIRCLE LAKE WORTH, FL 33463 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04052006 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  PARENT, RONALD W JR 6444 BARTON CREEK CIRCLE LAKE WORTH, FL 33463	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARENT, RONALD W JR. 6444 BARTON CREEK CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, BRUCE 6444 BARTON CREEK CIRCLE LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIFIELD, GEORDIE 6444 BARTON CREEK CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDARGH, TODD F 6444 BARTON CREEK CIRCLE LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **RONALD W Parent Jr** **4-6-05** **561-596-9916**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #