2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Mar 30, 2006 8:00 am Secretary of State 03-30-2006 90193 017 ****50.00

1. Entity Nam	18	# LUSUUUI QUIDEA, LLC	000091				30 20 2 000				
Principal Place of Business 3480 TALLEVAST ROAD SARASOTA, FL 34243			Mailing Address 2033 MAIN ST. STE. SARASOTA, FL 3423			A.4.					
2. Principal Place of Susiness			3. Mailing Address 3480 TALLE	3480 TALLEVAST ROAD							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E083 (11/05)		
City & State			City & State SALMSOTM F	City & State SALMSOTM FL		4. FEI Numbe	Jo-296	8008	 	plied For t Applicable	
Zip	•	Country	Zip 34-J43	Coun		5. Certificate	of Status Desired		00 Addi Required		
	6. Name	and Address of Cu	rrent Registered Agent		Name	7. Name and	Address of New R	egistered Agen	t		
MYERS, T	ROY H JE	₹.			Name MALLO		674F				
2033 MAIN SARASOT					Street Address	(P.O. Box Number) S 007774	er is Not Acceptable Thm (AM)	TRAIL,	STE.	000	
					City SALA	801A-		FL	Zin Code	39	
	named entit		nent for the purpose of changing i	ts register	ed office or registe	red agent, or bot	th, in the State of Flo				
SIGNATURE .	Signature, typed	or printed perme of registere	ed agent and title i applicable. (Ni	MALL TE: Registere	OFF LET 5H	d when reinstating)		03-25 DATE	-06		
Filing Fee is \$50.00 Due by May 1, 2006											
								e check payat Department			
		y 1, 2006	MEMBERS/MANAGERS	10.				Department		•	
D	MGR ROMERO	y 1, 2006	MEMBERS/MANAGERS	TITLI NAM	E		Florida	Department of CHANGES		☐ Addition	
9. ITILE NAME	MGR ROMERO 3480 TAL	y 1, 2006 MANAGING M D, RAFAEL	☐ Delete	TITLI NAM STRE CITY	E RE EET ADDRESS '-ST-ZIP		Florida	CHANGES	of State	Addition	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS	MGR ROMERO 3480 TAL	MANAGING M MANAGING M D, RAFAEL LEVAST RD.		TITUI NAM STRE CITY TITUI NAM STRE	E RE SET ADDRESS (-ST-ZIP E RE SET ADDRESS		Florida	CHANGES	of State		
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I hereby certify that the information supplied with this filling 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 regenter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Komero atzel SIGNATURE: NOTIFED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE