2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 31, 2006 8:00 am **Secretary of State DOCUMENT #L05000077153** 01-31-2006 90026 025 ****50.00 A VISION WITH A MISSION UNDER GOD INVESTMENTS BY L.Q., LLC Principal Place of Business Mailing Address 11273 SOUTHWEST 158 AVENUE 11273 SOUTHWEST 158 AVENUE 20004226 MIAMI, FL 33196 MIAMI, FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State 4. FEI Number 51-05*5*2*0*12 Not Applicable Country 7in Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 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 . Signature, typed or printed name of registered agent and title if applicable. (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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE ☐ Detete TITLE VOM **Addition** Change QUITADA, RENE E NAME LOPEZ, JOSE R NAME 11273 SOUTHWEST 158 AVENUE 11273 SOUTHWEST 158 AVENUE STREET ADDRESS STREET ADDRESS MIAM!, FL 33196 CITY-ST-ZIF CITY+ST-ZIP MIAMI, FL 33196 ☐ Delete Addition JUTE. TITLE ☐ Change MOV QUITADA, MARGARITA LOPEZ, JUDITH NAME NAME 11273 SOUTHWEST 158 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7P MIAMI, FL 33196 CRY-ST-7P MIAM . FL 33196 ☐ Change IIILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

/27/06

SIGNATURE: