2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008
Secretary of State

DOCUMENT# L06000068506

Entity Name: LCQ LLC

Current Principal Place of Business:

14540 DIPLOMAT DR.
TAMPA, FL 33613 US

New Principal Place of Business:

14540 DIPLOMAT DRIVE
TAMPA, FL 33613 US

Current Mailing Address:

14540 DIPLOMAT DR.
TAMPA, FL 33613 US

New Mailing Address:

PO BOX 21896
TAMPA, FL 33622 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SOLER, BERNARDO A
14540 DIPLOMAT DRIVE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SOLER, BERNARDO A
Address: 14540 DIPLOMAT DR.
City-St-Zip: TAMPA, FL 33613

Title: MGRM ( ) Delete
Name: AMERMAN, JOHN
Address: 14540 DIPLOMAT DRIVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SOLER, BERNARDO A
Address: 4747 W. WATERS AVENUE APT 703
City-St-Zip: TAMPA, FL 33614

Title: MGRM (X) Change ( ) Addition
Name: RAMOS, AILIN E
Address: 4747 W. WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BERNADO SOLER MNGR 05/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date