

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121935

Entity Name: BQMG ENTERPRISES, L.L.C.

FILED  
Feb 01, 2008  
Secretary of State

## Current Principal Place of Business:

2479 QUAIL CREEK PLACE  
ESCONDIDO, CA 92027

## New Principal Place of Business:

14118 GILLESPIE LANE  
MONTEREY, CA 93940

## Current Mailing Address:

2479 QUAIL CREEK PLACE  
ESCONDIDO, CA 92027

## New Mailing Address:

14118 GILLESPIE LN  
MONTEREY, CA 93940

FEI Number: 20-8711696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODBURN, PATRICIA  
322 FLORIDA AVE.  
GULF BREEZE, FL 32561 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: BROWN, QIANA E MRS  
Address: 2479 QUAIL CREEK PLACE  
City-St-Zip: ESCONDIDO, CA 92027

Title: MGRM ( ) Delete  
Name: BROWN, BRONCHAE M MR  
Address: 2479 QUAIL CREEK PLACE  
City-St-Zip: ESCONDIDO, CA 92027

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BROWN, QIANA E MRS  
Address: 14118 GILLESPIE LN  
City-St-Zip: MONTEREY, CA 93940

Title: MGRM (X) Change ( ) Addition  
Name: BROWN, BRONCHAE M MR  
Address: 14118 GILLESPIE LN  
City-St-Zip: MONTEREY, CA 93940

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: QIANA BROWN

MGRM

02/01/2008

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