

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005361

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: QUEST SYSTEMS, L.L.C.

**Current Principal Place of Business:**

8549 OLD CR 54  
NEWPORT RICHEY, FL 34653

**New Principal Place of Business:**

14908 N. OLA AVE  
TAMPA, FL 33613

**Current Mailing Address:**

14908 N OLA AVE  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 59-3595585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARDELL, MICHAEL W  
14908 N OLA AVENUE  
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/MEMBERS:**

Title: MGR      ( ) Delete  
Name: BARDELL, MICHAEL W  
Address: 3536 SHADOWOOD DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: MGR      ( ) Delete  
Name: ERFAN, SAID  
Address: 4211 BENSON AVE.  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: MGR      ( ) Delete  
Name: BARDELL, SHIRLEY  
Address: 3536 SHADOWOOD DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: MGR      ( ) Delete  
Name: CASSA, IRENE  
Address: 14908 N OLA  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IRENE CASSA

MGR

04/30/2005

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