

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002873

FILED
Jul 02, 2006
Secretary of State

Entity Name: EPIQUEST LLC

Current Principal Place of Business:

96000 OVERSEAS HIGHWAYM P-2
KEY LARGO, FL 33037

New Principal Place of Business:

91831 OVERSEAS HIGHWAY
SUITE #202
TAVERNIER, FL 33070

Current Mailing Address:

96000 OVERSEAS HIGHWAYM P-2
KEY LARGO, FL 33037

New Mailing Address:

91831 OVERSEAS HIGHWAY
SUITE #202
TAVERNIER, FL 33070

FEI Number: 52-2299061 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

TAGGART, BONNIE L
96000 OVERSEAS HWY, P-2
KEY LARGO, FL 33037 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: TAGGART, BONNIE L
Address: 96000 OVERSEAS HWY P-2
City-St-Zip: KEY LARGO, FL

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

Title: MGRM () Delete
Name: TAGGART, LANCE B
Address: 96000 OVERSEAS HIGHWAY, P-2
City-St-Zip: KEY LARGO, FL 33037

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 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: BONNIE L TAGGART

PRES

07/02/2006

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