


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90017 029 ****55.00

DOCUMENT # M02000000077	
1. Entity Name VERQUIS LLC	

Principal Place of Business 4800 T-REX AVE., STE. 100 BOCA RATON, FL 33434	Mailing Address 4800 T-REX AVE., STE. 100 BOCA RATON, FL 33434
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20037722



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

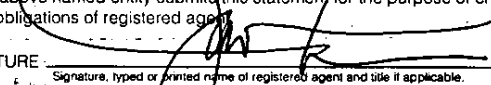
03222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0746106	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, ROBERT L JR 3008 NW 29TH AVE BOCA RATON, FL 33434	
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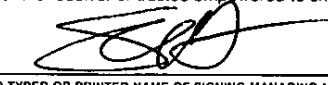
7. Name and Address of New Registered Agent Name LAWDON AND ASSOC, P.A. Street Address (P.O. Box Number is Not Acceptable) 4401 N. FEDERAL HWY, SUITE 202 City BOCA RATON FL Zip Code 33431	
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8. The above named entity submits this statement for the purpose 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  JAMES C. LAWDON, PRESIDENT	DATE 3-22-2005

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ON GUARD PLUS LIMITED <input checked="" type="checkbox"/> Delete 10 ST GEORGES YARD FARNHAM SURREY ENGLAND.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOP LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 102 WOODMONT BLVD. SUITE 800 NASHVILLE, TN 37205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, ROBERT L JR <input checked="" type="checkbox"/> Delete 3008 NW 29TH AVE. BOCA RATON, FL 33434	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVEN W. LOGAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4801 WOODWAY DRIVE, SUITE 110WEST HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Date 4/11/05	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		