

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002426

1. Entity Name
LQC LEASING, LLC



Principal Place of Business
**909 HIDDEN RIDGE, SUITE 600
IRVING, TX 75038**

Mailing Address
**909 HIDDEN RIDGE, SUITE 600
IRVING, TX 75038**



02162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0658902

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000089651
03/15/04-80101-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA QUINTA CORPORATION 909 HIDDEN RIDGE, SUITE 600 IRVING, TX 75038
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

David P. Bradtke V.P.

Date

Daytime Phone #

2/14/04 (214) 412-6600