


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90351 041 \*\*\*\*50.00

DOCUMENT # M06000004959		
1. Entity Name C2Q LLC		

**60037180**



Principal Place of Business 135 SMOKETHORN ST. CORONA, CA 92881	Mailing Address 135 SMOKETHORN ST. CORONA, CA 92881
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2. Principal Place of Business - No P.O. Box # <b>5098 HUMBOLT CT.</b>	3. Mailing Address <b>5098 HUMBOLT CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03182007 Chg-LLC CR2E083 (12/06)

City & State <b>RIVERSIDE, CA</b>	City & State <b>RIVERSIDE, CA</b>	4. FEI Number <b>20-3736027</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>92507</b>	Country <b>US</b>	Zip <b>92507</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCLELLAN, TERESA 1602 N. 9TH AVE. PENSACOLA, FL 32503		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to:  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHUN, AXTON B 135 SMOKETHORN ST. CORONA, CA 92881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERNARDINE QUESADA 28002 FESTIVO MISSION VIEJO, CA 92692 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHUN, BRYAN D 5098 HUMBOLT CT. RIVERSIDE, CA 92507 <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	MGR QUESADA, JOSE M 28002 FESTIVO MISSION VIEJO, CA 92692 <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 exemptions contained in Chapter 119, 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: 

BRYAN D. CHUN

3/24/07

951-273-5074

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

Daytime Phone #