

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023210

FILED  
May 01, 2009  
Secretary of State

Entity Name: QUEEN MARY HOLDINGS, L.L.C.

**Current Principal Place of Business:**

95 MERRICK WAY, SUITE 380  
C/O LAWRENCE STOCKTON  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

329 GRANELLO AVENUE  
CORAL GABLES, FL 33146

**New Mailing Address:**

420 S. DIXIE HIGHWAY  
SUITE 4B  
CORAL GABLES, FL 33146

FEI Number: 20-0924370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

UNITED STATES REGISTERED AGENTS, INC.  
329 GRANELLO AVENUE  
CORAL GABLES, FL 33146      US

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

UNITED STATES REGISTERED AGENTS, INC.  
420 S. DIXIE HIGHWAY  
SUITE 4B  
CORAL GABLES, FL 33146      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: \_\_\_\_\_

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: STOCKTON, LAWRENCE H  
Address: 95 MERRICK WAY, SUITE 380  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: LAWRENCE H. STOCKTON

MGR

05/01/2009

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