

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052564

Entity Name: STRAWBERRY OAKS, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1019 TOWN CENTER DRIVE SUITE 200
C/O JOHN WANAMAKER, CCIM
ORANGE CITY, FL 32763

New Principal Place of Business:

1019 TOWN CENTER DRIVE
SUITE 200
ORANGE CITY, FL 32763

Current Mailing Address:

1019 TOWN CENTER DRIVE SUITE 200
C/O JOHN WANAMAKER, CCIM
ORANGE CITY, FL 32763

New Mailing Address:

1019 TOWN CENTER DRIVE
SUITE 200
ORANGE CITY, FL 32763

FEI Number: 26-0324423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANAMAKER, JOHN CCIM
1019 TOWN CENTER DRIVE SUITE 200
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

WANAMAKER, JOHN CCIM
1019 TOWN CENTER DRIVE
SUITE 200
ORANGE CITY, FL 32763 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: JOHN WANAMAKER

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUALITY COMMERCIAL DEVELOPERS, LLC
Address: 1019 TOWN CENTER DRIVE SUITE 200
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QUALITY COMMERCIAL DEVELOPERS, LLC
Address: 1019 TOWN CENTER DRIVE
City-St-Zip: ORANGE CITY, FL 32763

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: JOHN WANAMAKER

MGR

04/15/2009

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