## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M05000005352**

1. Entity Name TOPS'L DEVELOPMENT, LLC



**FILED** Apr 26, 2007 08:00 A Secretary of State

Principal Place of Business

8955 HIGHWAY 98 WEST

SUITE 203 DESTIN, FL 32550 Mailing Address

8955 HIGHWAY 98 WEST SUITE 203 DESTIN, FL 32550



02232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4598724

Applied For

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 the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)  DATE
	Signature, typed or printed name or registered agent snot line in applicable.	(NOTE, negotieral Agent signature required white non-standy)
	iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	RQI ACQUISITION, LLC	The second of th
STREET ADDRESS	ONE GAYLORD DRIVE	and the second s
CITY-ST-ZIP	NASHVILLE, TN 37214	
TITLE		
NAME		U00000735525
STREET ADDRESS		U00000735625 05/10/07-80040-016 50:00
CITY-SI-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		the state of the s
CITY+ST-ZIP		
TITLE		, , ,
NAME		
STREET ADDRESS		

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:

CITY-ST-ZIP

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