

2008 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2008****DOCUMENT # B07000000187**1. Entity Name
RQB RESORT INVESTORS, LPFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 AM 10:02

Principal Place of Business
1000 PGA TOUR BOULEVARD
PONTE VEDRA BEACH, FL 32082Mailing Address
1000 PGA TOUR BOULEVARD
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032008

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**7. Name and Address of New Registered Agent**

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

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00900122504799
04/08/08--01004--025 **508.75**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**12. GENERAL PARTNER INFORMATION**DOCUMENT # M07000003632
NAME RQB JACKSONVILLE, LLC
STREET ADDRESS 1000 PGA TOUR BOULEVARD
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082DOCUMENT #
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #