2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F06000001580

Entity Name: RQB RESORT GP, INC.

Current Principal Place of Business:

% MICHAEL WIGG
1000 PGA TOUR BLVD.
PONTE VEDRA BEACH, FL 32802

New Principal Place of Business:

Current Mailing Address:

% MICHAEL WIGG
1000 PGA TOUR BLVD.
PONTE VEDRA BEACH, FL 32802

New Mailing Address:

FEI Number: 86-1161951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC,
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTONTION, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VCVP ( ) Delete
Name: O'HALLORAN, DAVID
Address: 718 HAMPSTEAD PLACE
City-St-Zip: CHARLOTTE, NC 26207

Title: S ( ) Delete
Name: O'HALLORAN, DAVID
Address: 718 HAMPSTEAD PLACE
City-St-Zip: CHARLOTTE, NC 26207

Title: CPT (X) Delete
Name: PARDY, PAUL
Address: 808 SARASOTA QUAY
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: O'HALLORAN, DAVID
Address: 718 HAMPSTEAD PLACE
City-St-Zip: CHARLOTTE, NC 26207

Title: VPSD (X) Change ( ) Addition
Name: MURPHY, PADDY
Address: 1000 PGA TOUR BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32092

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID O'HALLORAN PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date