

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000001676

1. Entity Name
RQB DEVELOPMENT GP, INC.



Principal Place of Business
1000 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082

Mailing Address
1000 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3167885	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC O'HALLORAN, DAVID 716 HAMPSTEAD PLACE CHARLOTTE, NC 28207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS O'HALLORAN, DAVID 716 HAMPSTEAD PLACE CHARLOTTE, NC 28207
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04/09/08-80018-016 158.75

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

David O'Halloran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #