

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013958

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: QJR PROPERTIES SOUTH POINTE, LLC

**Current Principal Place of Business:**

6091 S. POINTE BLVD.  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

6091 S. POINTE BLVD.  
FT. MYERS, FL 33919

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORMAN, CHRISTOPHER H  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: QUIGLEY, THOMAS A III  
Address: 6091 S. POINTE BLVD.  
City-St-Zip: FT. MYERS, FL 33919

Title: MGR ( ) Delete  
Name: HIRSCH, JOHN A  
Address: 17 HAWKES STREET  
City-St-Zip: MARBLEHEAD, MA 01945

Title: MGR ( ) Delete  
Name: ZOLLA, RONALD W  
Address: 17 HAWKES STREET  
City-St-Zip: MARBLEHEAD, MA 01945

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS A. QUIGLEY, MD

PD

04/11/2007

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