

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013980

FILED
Apr 13, 2009
Secretary of State

Entity Name: QJR PROPERTIES CAPE CORAL, 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 (X)

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: MGR (X) Change () Addition
Name: HIRSCH, JOHN A
Address: 12548 LAKE DENISE BLVD
City-St-Zip: CLERMONT, FL 34712

Title: MGR (X) Change () Addition
Name: ZOLLA, RONALD W
Address: 1 MICHAEL SUCCI DRIVE
City-St-Zip: PORTSMOUTH, NH 03801

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 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 III

MGR

04/13/2009

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