2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 07, 2008 08:00 A Secretary of State

ANNUAL REPORT				Wiai 07, 2000 00:	
DOCUI	MENT # L030000	49297		Secretary of St	
QUAVE C	COMMERCIAL PROPER	RTIES, LLC			
Principal Plac		Mailing Address			
1411 MOYLAN RD PANAMA CITY BEACH, FL 32407 1411 MOYLAN RD PANAMA CITY BEACH, FL 32407			32407		
		,			
		•		02252008 No Chg-LLC	CR2E083 (12/07)
D	O NOT WRI	TE IN THIS SP	ACE	4. FEI Number	Applied For
			,	20-0443050	Not Applicable
,				5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Cui	rrent Registered Agent	<u> </u>	•	
QUAVE, GERALD J JR				DO NOT W	DITE
1411 MOYLAN RD PANAMA CITY BEACH, FL 32407				•	
				IN THIS SP	ACE
	named entity submits this statemitions of registered agen	ent for the purpose of changing its reg	istered office or register	red agent, or both, in the State of Flo	rida. I am famifiar with, and accept
SIGNATURE.	Dord Dans	Mym			3/4/08
	Signature, typed or prilhed name of registered	agent and title if a forceble (NOTE: Re	gistered Agent signature required	d when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$53	8.75			
9.		EMBERS/MANAGERS			
TITLE NAME	MGRM QUAVE, GERALD J JR		•		•
STREET ADDRESS	1411 MOYLAN RD	00.407	,	•	
TITLE	PANAMA CITY BEACH, FL	32407			· · · ·
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE		 		000000 - 02/21/09)850252 -80056-018 138.75
NAME SIREET ADDRESS					
CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME			IN THIS SF	PACE	
STREET ADDRESS				•	
CITY-ST-ZIP					
TITLE NAME	}			,	
STREET ADDRESS	ì		,		

11. 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 managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Double Line Man Signature and Typed or Printed Ame of Signing Managing Member on Authorized Representative

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

34/08

Daytime Phone #