

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062867

Entity Name: Q 6 MULTI-FAMILY I, LLC

FILED  
Feb 19, 2007  
Secretary of State

**Current Principal Place of Business:**

430 DAVIS DRIVE  
STE 270  
MORRISVILLE, NC 27560

**New Principal Place of Business:**

**Current Mailing Address:**

430 DAVIS DRIVE  
STE 270  
MORRISVILLE, NC 27560

**New Mailing Address:**

FEI Number: 20-1901412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACKINNON, ALEXANDER C  
255 SOUTH ORANGE AVENUE, SUITE 800  
ORLANDO, FL 32801 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: DANIELS, MARQUIS  
Address: 2327 ENGLERT DRIVE, SUITE 102  
City-St-Zip: DURHAM, NC 27713

Title: MGR ( ) Delete  
Name: BASS, GUSTAVUS  
Address: 2327 ENGLERT DRIVE, SUITE 102  
City-St-Zip: DURHAM, NC 27713

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DANIELS, MARQUIS  
Address: 430 DAVIS DRIVE, STE 270  
City-St-Zip: MORRISVILLE, NC 27560

Title: MGR (X) Change ( ) Addition  
Name: BASS, GUSTAVUS  
Address: 430 DAVIS DRIVE, STE 270  
City-St-Zip: MORRISVILLE, NC 27560

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: GUSTAVUS BASS

MGR

02/19/2007

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