

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062869

Entity Name: Q 6 REAL ESTATE, LLC

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

2327 ENGLERT DRIVE, SUITE 102
DURHAM, NC 27713

New Principal Place of Business:

430 DAVIS DRIVE
STE 270
MORRISVILLE, NC 27560

Current Mailing Address:

2327 ENGLERT DRIVE, SUITE 102
DURHAM, NC 27713

New Mailing Address:

430 DAVIS DRIVE
STE 270
MORRISVILLE, NC 27560

FEI Number: 20-1901573

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

04/13/2006

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