

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073598

FILED
Jan 06, 2008
Secretary of State

Entity Name: 1798 QUEEN PALM WAY, LLC

Current Principal Place of Business:

3420 TAMIAMI TRAIL
SUITE 3
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

C/O N KHALIDI
3420 TAMIAMI TRAIL SUITE 3
PORT CHARLOTTE, FL 33952

New Mailing Address:

P.O.BOX 496420
PORT CHARLOTTE, FL 33949

FEI Number: 20-3936462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHALIDI, NASIR
3420 TAMIAMI TRAIL
SUITE 3
PORT CHARLOTTE, FL 33952 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: KHALIDI, NASIR J
Address: 3420 TAMIAMI TRAIL SUITE 3
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: M () Delete
Name: KHALIDI, NAVEED
Address: 299 FRY TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: M () Delete
Name: KHALIDI, UMBREEN
Address: 299 FRY TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952

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 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: NASIR KHALIDI

MGR

01/06/2008

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