

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000085059**

1. Entity Name  
**G Q DEVELOPMENT, LLC**



Principal Place of Business  
**2915 S.R. 590, SUITE 21  
CLEARWATER, FL 33759**

Mailing Address  
**2915 S.R. 590, SUITE 21  
CLEARWATER, FL 33759**



01122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-1106884**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**O'RYAN, CHRISTIAN F  
2701 N. ROCKY POINT DRIVE, SUITE 930  
TAMPA, FL 33607**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**000000441007  
03/03/06-80018-020 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR</b>
NAME	<b>QUEEN, GARY F</b>
STREET ADDRESS	<b>2915 S.R. 590, STE. 21</b>
CITY-ST-ZIP	<b>CLEARWATER, FL 33759</b>
TITLE	<b>MGR</b>
NAME	<b>GORROW, CHARLES R</b>
STREET ADDRESS	<b>1597 WHARFSIDE DR.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34669</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**Gary F. Queen  
Manager**

**2/7/06**

**(727) 796-7123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #