2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# L05000005415

Entity Name: QUEENSPOINTE PROPERTIES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
7901 KINGSPOINTE PKWY. SUITE # 19 ORLANDO, FL 32819	994 DOUGLAS AVE 100 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:	**New Mailing Address:**
7901 KINGSPOINTE PKWY. SUITE #19 ORLANDO, FL 32819	994 DOUGLAS AVE 100 ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-2195920   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MIRA, SILVIA E 7901 KINGSPOINTE PKWY. SUITE #19 ORLANDO, FL 32819 US	MIRA, SILVIA E 994 DOUGLAS AVE 100 ALTAMONTE SPRINGS, FL 32714 US

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: SILVIA E MIRA   04/04/2008
_____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete		Title:	( ) Change ( ) Addition
Name:	MIRA, SILVIA E		Name:	
Address:	8013 RIDGE WAY		Address:	
City-St-Zip:	ORLANDO, FL 32817		City-St-Zip:	
Title:	MGR ( ) Delete		Title:	( ) Change ( ) Addition
Name:	BLANCHET, EDUARDO M		Name:	
Address:	8013 RIDGE WAY		Address:	
City-St-Zip:	ORLANDO, FL 32817		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: SILVIA E MIRA   MGR   04/04/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date