

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005415

FILED
Jan 15, 2009
Secretary of State

Entity Name: QUEENSDOINTE PROPERTIES, LLC

Current Principal Place of Business:

7901 KINGSDOINTE PKWY # 19
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7901 KIGSDOINTE PKWY # 18
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 20-2195920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRA, SILVIA E
994 DOUGLAS AVE
100
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MIRA, SILVIA E
7901 KINGSDOINTE PARKWAY 19
ORLANDO, FL 32819 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: EDUARDO BLANCHET

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MIRA, SILVIA E
Address: 8013 RIDGE WAY
City-St-Zip: ORLANDO, FL 32817

Title: MGR () Delete
Name: BLANCHET, EDUARDO M
Address: 8013 RIDGE WAY
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MIRA, SILVIA E
Address: 7901 KINGSDOINTE PARKWAY 19
City-St-Zip: ORLANDO, FL 32819

Title: MGR (X) Change () Addition
Name: BLANCHET, EDUARDO M
Address: 7901 KINGSDOINTE PARKWAY 19
City-St-Zip: ORLANDO, FL 32819

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: EDUARDO BLANCHET

MGR

01/15/2009

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