

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013519

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: Q & R DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

412 BALLY WAY  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

412 BALLY WAY  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 20-2638598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIANG, QUANG  
412 BALLY WAY  
NICEVILLE, FL 32578 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: GIANG, QUANG  
Address: 412 BALLY WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR ( ) Delete  
Name: HELTON, RICHARD  
Address: 365 ECHO CR  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: TO, HOA  
Address: 1613 SUTTON PL  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR ( ) Change (X) Addition  
Name: WHITFIELD, JIMMY C  
Address: 2402 NE MARINA DR  
City-St-Zip: FT WALTON BEACH, FL 32547

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: QUANG GIANG

MGR

04/28/2008

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