


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90034 044 ****50.00

| | |
|---|---|
| DOCUMENT # L05000025469 |  |
| 1. Entity Name Q2Q INVESTMENT PROPERTIES, LLC | |

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|--|--|
| Principal Place of Business 2113 AMARGO WAY NAPLES, FL 34119 | Mailing Address 2113 AMARGO WAY NAPLES, FL 34119 |
|--|--|



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|---|---|
| 2. Principal Place of Business 8930 Colonnades Ct E | 3. Mailing Address 8930 Colonnades Ct E |
| Suite, Apt. #, etc. 6-635 | Suite, Apt. #, etc. 6-635 |
| City & State Bonita Springs, FL | City & State Bonita Springs, FL |
| Zip 34135 | Zip 34135 |
| Country | Country |

04162006 Chg-LLC CR2E083 (11/05)

| | |
|---|--|
| 4. FEI Number 20-2503294 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent QUINN, STEVEN 2113 AMARGO WAY NAPLES, FL 34119 | 7. Name and Address of New Registered Agent Name Quinn, Steven Street Address (P.O. Box Number is Not Acceptable) 8930 Colonnades Ct. E. #6-635 City Bonita Springs FL Zip Code 34135 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM QUINN, STEVEN 2113 AMARGO WAY NAPLES, FL 34119 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Quinn, Steven 8930 Colonnades Ct. E. Bonita Springs FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM QUINN, PATRICK 168 BELLTOWN RD., NEWFIELD EAST UNIT 29 STAMFORD, CT 06905 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

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

Date

Daytime Phone #

Steven Quinn

4/10/06 239-825-6733