


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L05000025469</b><br>1. Entity Name<br>Q2Q INVESTMENT PROPERTIES, LLC |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>8930 COLONADES CT, E<br>6-635<br>BONITA SPRINGS, FL 34135 | Mailing Address<br>8930 COLONADES CT, E<br>6-635<br>BONITA SPRINGS, FL 34135 |
|--|--|



04202007 No Chg-LLC

CR2E083 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-2503294 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

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

|   |
|---|
| QUINN, STEVEN<br>8930 COLONADES CT E, # 6-635<br>BONITA SPRINGS, FL 34135 |
|---|

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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 reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>QUINN, STEVEN<br>8930 COLONADES CT, E<br>BONITA SPRINGS, FL 34135 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000745642  
05/16/07-80038-003 50.00

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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, OR AUTHORIZED REPRESENTATIVE

4/20/07 239-825-6753  
Date Daytime Phone #