2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# L05000072873

Entity Name: GQ PROPERTIES, LLC

Current Principal Place of Business:

4105 S.E. 1ST PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100296
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HART, RICHARD
4105 S.E. 1ST PLACE
CAPE CORAL, FL 33904 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: HART, PATRICIA K
Address: 537 NE 7H TERR
City-St-Zip: CAPE CORAL, FL 33909 US

Title: TRES ( ) Change (X) Addition
Name: HART, RICHARD P
Address: 4105 SE 1ST PL
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP ( ) Change (X) Addition
Name: HART, DAVID S
Address: 3025 OLD BURNT STORE RD. N
City-St-Zip: CAPE CORAL, FL 33993 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD HART TRES 09/05/2006

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