

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095578

FILED
May 05, 2008
Secretary of State

Entity Name: DQ INTERNATIONAL PROPERTIES, LLC

Current Principal Place of Business:

315 11TH STREET
WEST PALM BEACH, FL 33401

New Principal Place of Business:

422 SAVOIE DRIVE
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

315 11TH STREET
WEST PALM BEACH, FL 33401

New Mailing Address:

422 SAVOIE DRIVE
PALM BEACH GARDENS, FL 33410

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:

QUARRIE, LISA G ESQUIRE
315 11TH STREET
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

QUARRIE, LISA G
422 SAVOIE DRIVE
PALM BEACH GARDENS, FL 33410 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: LISA QUARRIE

05/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUARRIE, LISA G ESQUIRE
Address: P.O. BOX 158
City-St-Zip: JUPITER, FL 33468

Title: MGRM () Delete
Name: DUNCAN, ROGER L
Address: P.O. BOX 158
City-St-Zip: JUPITER, FL 33468

ADDITIONS/CHANGES:

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

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

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: LISA QUARRIE

MGR

05/05/2008

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