


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90068 030 \*\*\*\*50.00

<b>DOCUMENT # L05000113520</b> 1. Entity Name <b>MPQR PROPERTIES, LLC</b>					
Principal Place of Business <b>352 CALLOPE STREET OCOE, FL 34761</b>			Mailing Address <b>352 CALLOPE STREET OCOE, FL 34761</b>		
2. Principal Place of Business <b>14825 FRONT BEACH RD.</b> Suite, Apt. #, etc. <b>2304</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PANAMA CITY BEACH, FL</b>		City & State		4. FEI Number <b>20-3902320</b>	
Zip <b>32413</b>		Country <b>BAY</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCSWEENEY, LORILYNN 352 CALLOPE STREET OCOE, FL 34761</b>				7. Name and Address of New Registered Agent Name <b>JOHN B. MCSWEENEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>352 CALLOPE STREET</b> City <b>OCOE</b> State <b>FL</b> Zip Code <b>34761</b>	
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 <b>John B. McSweeney</b> <b>Partner</b> <span style="float: right;">4/25/06</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARTNERS</b> <b>BO + PAT QUICK</b> <b>1320 WOODLAND LAKE DRIVE</b> <b>SNELLVILLE, GA 30078</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARTNER/MANAGER</b> <b>John MCSWEENEY</b> <b>352 CALLOPE ST.</b> <b>OCOE FL 34761</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARTNERS</b> <b>JOHN + EVELYN PIRHALLA</b> <b>1365 BARNESLEY WALK</b> <b>SNELLVILLE, GA 30078</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARTNERS</b> <b>BEN + DONNA RAY</b> <b>2391 FORD WHITE ROAD</b> <b>GAINESVILLE, GA 30506</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARTNERS</b> <b>JOHN + LORILYNN MCSWEENEY</b> <b>352 CALLOPE ST.</b> <b>OCOE, FL 34761</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE: <i>John B. McSweeney</i> 4/25/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					