ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L05000114068

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

QUALITY REAL ESTATE INVESTMENTS, LLC



FILED Mar 13, 2008 08:00 A Secretary of State

				SO NA LA		
P.O. BOX 8	ce of Business 059 (ILLE FL 32239	Mailing Address P.O. BOX 8059 JACKSONVILLE FL 32239				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/07)	
City & State		City & State			4. FEI Number 20-4042679 Applied For Not Applicable	
Zip	Country	Z)p	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	'	***************************************	7. Name and Address of New Registered Agent	
				Name		
MACLEAN, MARK B 2033 FLESHER AVENUE			<u> </u> -	Street Address (P.O. Box Number is Not Acceptable)		
JAC						
			-	City	FL Zip Code	
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.						
0.00.47.10.5						
SIGNATURE	Signature, typed or by medinantle of registerad agent	TON) olueta garaf att onu	TC. Royisterict #	ojenta griadore (criper)	d wieen consisting). DATE	
		FILE,NO	OW!!! FE 2008, Fe	E IS \$138.75 e Will Be \$530 ida Departme	8.75	
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CHANGES	
TITLE	MGRM	Delete	TITLE		☐ Change ☐ Addition	
NAME	RODRIGUEZ, DANNY		NAME			
STREET ADDRESS	2213 BROAD WATER DRIVE		STREET	ADDRESS	H00000857127	
CITY-ST-ZIP	JACKSONVILLE FL 32225		CEY-S	i-ZP	000000857127 03/31/08-80002-001_138_75	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	RODRIGUEZ, CHANDEVI		NAME			
STREET ADDRESS	2213 BROAD WATER DRIVE			ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225	· · · · · · · · · · · · · · · · · · ·	CITY - \$7	7-7:P		
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CITY-ST-ZIP			CITY - S	i-Z _i P		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
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STREET ADDRESS			1	ADDRESS		
CITY-ST-ZIP			CITY-S	i - ZiP		
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STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			CITY-SI	I-ZiP		
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DAME	I		MAME	1		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

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

3/8/08

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