2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Sep 06, 2007 8:00 am
Secretary of State
09-06-2007 90037 037 ****50.00

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07052007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
LANDQWEST TAMPA, LLC

Principal Place of Business	Mailing Address
2203 N. LOIS AVENUE, SUITE 704 TAMPA, FL 33607	2203 N. LOIS AVENUE, SUITE 704 TAMPA, FL 33607

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-3789565 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMACCI, MICHAEL A
19720 PRINCE BENJAMIN DRIVE
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name: Cunningham, Stephen A.
Street Address (P.O. Box Number is Not Acceptable): 5245 Big Pine Way, Suite 102
City: Fort Myers FL Zip Code: 33907

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: X [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) X 8/24/07 DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, STEPHEN A		NAME	
STREET ADDRESS	5245 BIG PINE WAY SUITE 102		STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33907		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: X [signature] X 8/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #