2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-01-2007 90331 023 ****50.00

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04272007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000006642

1. Entity Name
QW LAND INVESTMENTS, LLC

Principal Place of Business	Mailing Address
115 SOUTH WILLOW AVENUE TAMPA, FL 33606	115 SOUTH WILLOW AVENUE TAMPA, FL 33606

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
19046 BRUCE B. DOWNS BLVD			
Suite, Apt. #, etc.: SUITE 301		Suite, Apt. #, etc.	
City & State: TAMPA, FL		City & State	
Zip: 33647	Country: USA	Zip	Country

4. FEI Number: 20-4142715 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, SARJU R
115 SOUTH WILLOW AVENUE
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name: NILESH M. PATEL
Street Address (P.O. Box Number is Not Acceptable): 117 So. WILLOW AVE, SUITE 200
City: TAMPA FL Zip Code: 33606

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 [signature] 4/29/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SARJU R 115 SOUTH WILLOW AVENUE TAMPA, FL 33606	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SARJU R 19046 BRUCE B DOWNS BLVD, SUITE 301 TAMPA, FL 33647	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] - SARJU R. PATEL 04/28/07 813-240-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #