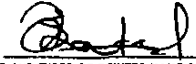


FILED
May 31, 2007 8:00 am
Secretary of State

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

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000006642			
1. Entity Name QW LAND INVESTMENTS, LLC			
Principal Place of Business 115 SOUTH WILLOW AVENUE TAMPA, FL 33606		Mailing Address 115 SOUTH WILLOW AVENUE TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 19046 BRUCE B. DOWNS BLVD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 301		Suite, Apt. #, etc. D	
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  DATE 4/29/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)			
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  - 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 #			