

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90019 011 ***138.75

DOCUMENT # L07000025661

1. Entity Name
Q INVESTMENTS, L.L.C.



Principal Place of Business
8 SEA WINDS LANE EAST
PONTE VEDRA BEACH, FL 32082

Mailing Address
8 SEA WINDS LANE EAST
PONTE VEDRA BEACH, FL 32082

60038190



2. Principal Place of Business - No P.O. Box #
14 Sea Winds Lane East

3. Mailing Address
14 Sea Winds Lane East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 Chg-LLC CR2E083 (12/06)

City & State
Ponte Vedra Beach, FL
Zip
32082
Country
US

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Zip
32082
Country
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4. FEI Number
20-8541503
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANSBACHER & SCHNEIDER PA
5150 BELFORT ROAD BUILDING 100
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name
Quinn, Linda A
Street Address (P.O. Box Number is Not Acceptable)
14 Sea Winds Lane East
City
Ponte Vedra Beach FL Zip Code
32082

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Linda Quinn

4-28-08