2008 LIMITED LIABILITY COMPANY

May 12, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L07000073309** 05-12-2008 90119 036 ***138.75 QBQ INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 2108 EAST OSCEOLA PARKWÄY 2108 EAST OSCEOLA PARKWAY KISSIMMEE, FL 34743 KISSIMMEE, FL 34743 2. Principal Place of Business - No P.O. Box # 3. Mailing Address YARK DR 13574 Village BAK DR 13574 VillAge 05092008 Chg-LLC CR2E083 (12/06) K 270 4. FEI Number Applied For 26-057 1402 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (Rd. Box Number is Not Acceptable) QUIROZ LEAL, GONZALO 2108 EAST OSCEOLA PARKWAY KISSIMMEE EL 34743 Park 3283 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familia the obligations of registered agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! | FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Due by September 12, 2008 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Addition BOJANI, RUBEN NAME NAME 13574 Village Art DR K270 ORCANDO, FlaRIDA 32837 STREET ADDRESS 2108 EAST OSCEOLA PARKWAY STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34743 CITY-ST-ZIP MGR TITLE Delete TITLE NAME QUIROZ LEAL, GONZALO NAME STREET ADDRESS 2108 EAST OSCEOLA PARKWAY STREET ADDRESS CITY-ST-71P KISSIMMEE, FL 34743 CITY-ST-ZIP TITLE TITLE ☐ Delete QUIROZ URBINA, GONZALO NAME NAME STREET ADDRESS 2108 EAST OSCEOLA PARKWAY STREET ADDRESS CITY+ST-ZIP KISSIMMEE, FL 34743 CITY-ST-ZIP TITLE Delete TITLE TATA, FERNANDO NAME NAME STREET ADDRESS 2108 EAST OSCEOLA PARKWAY STREET ADDRESS CITY-ST-7IP KISSIMMEE, FL 34743 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 flability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

<u>7-856-6626</u>

☐ Change

☐ Addition

FILED