2008 LIMITED LIABILITY COMPANY

Apr 18, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000090865** 04-18-2008 90157 019 ***138.75 S & Q PROPERTY INVESTMENT, LLC. Principal Place of Business Mailing Address 50004732 1245 E FOWLER AVE 1245 E FOWLER AVE TAMPA, FL 33612 TAMPA, FL 33612 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122008 CR2E083 (12/06) Chg-LLC City & State City & State Applied For 4. FEI Number 26-0845 Not Applicable Zip Country Zin Country \$5.00 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZHENG, SHI SI 1245 E FOWLER AVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA, FL 33612** City Zip Code 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 number of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CDATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES MGR TITLE Oelete TITLE ☐ Change ZHENG, SHI SI NAME NAME 1245 E FOWLER AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Change Addition ZHENG, QI FENG NAME NAME STREET ADDRESS 1245 E FOWLER AVE STREET ADDRESS CITY-ST-7IP TAMPA, FL 33612 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP ·

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Daytime Phone #

☐ Change

Addition