

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082057

FILED  
Jul 02, 2009  
Secretary of State

Entity Name: QUEEN CITY INVESTMENTS, LLC

**Current Principal Place of Business:**

229 NORTH POPLAR STREET  
#29  
CHARLOTTE, NC 28202 US

**New Principal Place of Business:**

**Current Mailing Address:**

229 NORTH POPLAR STREET  
#29  
CHARLOTTE, NC 28202 US

**New Mailing Address:**

FEI Number: 26-3250693      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KITTERMAN, CHRISTINA M  
401 E. LAS OLAS BLVD.  
SUITE 1650  
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: JONES, GREGORY C  
Address: 229 N. POPLAR ST. #29  
City-St-Zip: CHARLOTTE, NC 28202 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: JONES, ROBIN L  
Address: 2406 DAWLEY AVENUE  
City-St-Zip: ORLANDO, FL 32806 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBIN L. JONES

MM

07/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date