

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 09, 2007  
Secretary of State**

DOCUMENT# M02000000949

Entity Name: QEAT XII, LLC

**Current Principal Place of Business:**

3073 HORSESHOE DRIVE SOUTH  
SUITE 210  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3073 HORSESHOE DRIVE SOUTH  
SUITE 210  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

MEINERS, LOUIS M JR  
3073 HORSESHOE DRIVE SOUTH  
SUITE 210  
NAPLES, FL 34104 US

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

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:**

Title:                      MGRM                      ( ) Delete  
Name:                      MEINERS, LOUIS M JR  
Address:                      3073 HORSESHOE DRIVE SOUTH STE 210  
City-St-Zip:                      NAPLES, FL 34104

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUIS M. MEINERS, JR.                      MGRM                      01/09/2007

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