

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000015685

FILED
Dec 05, 2008
Secretary of State

Entity Name: QUANTUM SKY LLC

Current Principal Place of Business:

C/O RFR HOLDINGS, LLC
390 PARK AVENUE, 3RD FL
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

C/O RFR HOLDINGS, LLC
390 PARK AVENUE, 3RD FL
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 26-0438732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MICHAEL FUCHS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FUCHS, MICHAEL
Address: 390 PARK AVENUE, 3RD FL
City-St-Zip: NEW YORK, NY 10022

Title: AMGR () Delete
Name: HERMAN, PHILIP
Address: 390 PARK AVENUE, 3RD FL
City-St-Zip: NEW YORK, NY 10022

Title: AMGR () Delete
Name: DADY, ROBERT E
Address: 201 ALHAMBRA CIRCLE #601
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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

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: MICHAEL FUCHS

MGR

12/05/2008

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