DOCUMENT # A9800001809 1. Entity Name					FILED					
QUANTUM CAPITAL PARTNERS I, LTD.					00 FEB 21 PM 12: 54					
Principal Place of Business Mailing Address 201 NORTH FRANKLIN STREET. SUITE 2650 201 NORTH FRANKLIN STREET TAMPA FL 33602 TAMPA FL 33602-5167			IITE 2650		S TA	ECRETARY LLAHASSE	OF STATE	Ā		
2. Principal Place of Business 339 SOUTH PLAINTAUE 339 SOUTH PLAINTAUE Suite, Apt. #, etc. 3. Mailing Address 339 SOUTH PLAINTAUE Suite, Apt. #, etc.			AUEN)UE	1 1 4 9 1 8 F		ITE IN THIS SP			
City & State TAMPA FL	NPA FL TAMPA F				4. FEI Numbe 59-355 01	REALIED I	€OR		Applied For Not Applicable	
Zip Country 33606 USA	33606	Count (<u>"USA</u>	- 1	5. Certificate	of Status Desired	\$	e Requi	dditionalred	-
SCHIFINO, WILLIAM J. JB				dress (P.	O. Box Number	5/MM/ is Not Acceptable	NS, JA	LE	ode 🗸 🗸	
8. The above named entity submits this statement for	the purpose of changing its rec	gistere	- 1	registere		n, in the State of Fi		<u> 56 </u>	<u> </u>	-
SIGNATURE Signature, typed or perited name of registered agent a	nd title if application. (NOTE: Re	egistered	Agent signatur	e required w	/hen reinstating)		1-21-	00		
9. Capital Contributions as Shown on record. \$2,500,000.00	10. Amount of Capital C in FLORIDA to date	ł.					RSE SIDE FOR			
A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENTITY NOT be changed on the	TY Mi form;	JST BE R an amen	EGISTE Idment	ERED AND A must be filed	CTIVE WITH TH I to change a g	IIS OFFICE. Jeneral partr	er.]
12. GENERAL PARTNER INFORMATION DOCUMENT # P98000015470 QUANTUM CAPITAL PARTNERS, INC. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602					ADDRESS CHANGES ONLY					<u>6</u>
			ST-ZIP		9 SOL MPA	TH PLAI FI. 3	1A TU 2006)EN	UE	CR2E003 (9/99)
CITY-ST-ZIP FAMIFA PL 336U2 COCUMENT#		STREE	ET ADDRESS	111		,	3004			CR2
NAME STREET ADDRESS CITY-ST-ZIP			ST-ZIP							<u> </u>
MENT #			T ADDRESS	008555 -02./23./0001 ****526.25)4!	022 025 25	
STREET ADDRESS CITY-ST-ZIP		CITY-	ST-ZIP							
DOCUMENT # NAME		STREE	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP		CITY -	ST-ZIP							_
DOCUMENT / NAME _*		STREI	ET ADDRESS							_
STREET ADDRESS CITY - ST - ZIP		CITY-	ST-ZIP						.	
DOCUMENT # NAME		STREE	ET ADDRESS					_		
STREET ADDRESS CITY-ST-ZIP			ST-ZIP							
14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute this	that my signature shall have the	same	: legal effec	t as it ma	ation 119.07(3)(i ade under oath;), Florida Statutes that I am a Gene	. I further certif ral Partner of th	y that the ne limited	information partnership or	
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED HAME OF SIGNING GENERAL	AN DOWN	TUM	CAPI	TAL	1-21-60 Date	813-	250 time Phone	-1999 "1-2-27	
	<i></i>	177	INER	ומונקב	_				noo!	1