


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

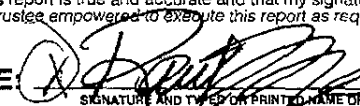
FILED
May 11, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|------------------------------------|---------|--|---|--|
| DOCUMENT # A98000002661 1. Entity Name QUANTUM BIOENGINEERING LTD. | | | |  | |
| Principal Place of Business 201 N. UNIVERSITY DRIVE, SUITE 101 PLANTATION, FL 33324 | | | Mailing Address 2 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0879099 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record... \$1,000.00 | | | 10. Amount of Capital Contributions in FLORIDA to date | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | P97000050235 | | | STREET ADDRESS | |
| NAME | QUANTUM BIOENGINEERING, INC. | | | CITY-ST-ZIP | |
| STREET ADDRESS | 2 SOUTH BISCAYNE BLVD., SUITE 3400 | | | | |
| CITY-ST-ZIP | MIAMI, FL 33131 | | | | |
| DOCUMENT # | | | | STREET ADDRESS | |
| NAME | | | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | | | |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: 

RAUL MELIA
 PRESIDENT

4/4/05 (954) 474 2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Day, the Month