

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**FILED**

08 SEP -5 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800135419018

09/05/08--01040--009 \*\*900.00



07102008 Chg-LP CR2E003 (12/06)

DOCUMENT # B07000000173	
1. Entity Name QUANTUM HEDGE STRATEGIES FUND, L.P.	



Principal Place of Business 1001 BRICKELL BAY DRIVE, STE 1710 MIAMI, FL 33131	Mailing Address 1001 BRICKELL BAY DRIVE, STE 1710 MIAMI, FL 33131
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERNANDEZ, ANTHONY 1001 BRICKELL BAY DRIVE, STE 1710 MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 12, 2008, Fee will be \$1000.00**

**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 #	M07000003136	STREET ADDRESS	
NAME	QUANTUM ALTERNATIVE INVESTMENT GROUP, LLC	CITY-ST-ZIP	
STREET ADDRESS	1001 BRICKELL BAY DRIVE, STE 1710		
CITY-ST-ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Anthony Fernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/25/08

Date

(305) 403-7880

Daytime Phone #

STAPLE CHECK HERE