

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020572

FILED
Apr 30, 2004
Secretary of State

Entity Name: QUANTUM CAPITAL PARTNERS II, LLC

Current Principal Place of Business:

339 SOUTH PLANT AVE.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

339 SOUTH PLANT AVE.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3758210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, N. JOHN JR.
339 SOUTH PLANT AVE.
TAMPA, FL 33606

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/MEMBERS:

Title: MGRM () Delete
Name: ASHER, STUART L
Address: 339 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: BAERWALIDE, ROBERT P JR
Address: 339 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: SIMMONS, JOHN N JR
Address: 339 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: SCHIFINO, WILLIAM J
Address: 339 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LASHER, STUART L
Address: 339 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

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 for the exemption stated in Section 119.07(3)(i), 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: STUART G LASHER

MGRM

04/30/2004

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