## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020572

City-St-Zip:

TAMPA, FL 33606

Entity Name: QUANTUM CAPITAL PARTNERS II, LLC

**FILED** Apr 25, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

339 SOUTH PLANT AVE. 140 FOUNTAIN PARKWAY TAMPA, FL 33606

SUITE 420

ST. PETERSBURG, FL 33716

**Current Mailing Address: New Mailing Address:** 

339 SOUTH PLANT AVE. 140 FOUNTAIN PARKWAY TAMPA, FL 33606

SUITE 420

ST. PETERSBURG, FL 33716

FEI Number: 59-3758210 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIMMONS, N. JOHN JR SIMMONS, N. JOHN JR. 140 FOUNTAIN PARKWAY 339 SOUTH PLANT AVE.

TAMPA, FL 33606 SUITE 420 ST. PETERSBURG, FL 33716 US

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: N. JOHN SIMMONS 04/25/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

LASHER, STUART L LASHER, STUART L Name: Name: 339 SOUTH PLANT AVENUE Address: 140 FOUNTAIN PARKWAY SUITE 420 Address:

City-St-Zip: TAMPA, FL 33606 City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition BAERWALIDE, ROBERT P JR Name: BAERWALIDE, ROBERT P JR Name: Address: 339 SOUTH PLANT AVENUE Address: 140 FOUNTAIN PARKWAY SUITE 420

City-St-Zip: TAMPA, FL 33606 City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition SIMMONS, JOHN N JR SIMMONS, JOHN N JR Name: Name:

339 SOUTH PLANT AVENUE 140 FOUNTAIN PARKWAY SUITE 420 Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: ST. PETERSBURG, FL 33716

(X) Change ( ) Addition Title: MGRM ( ) Delete Title: MGRM

Name: SCHIFINO, WILLIAM J Name: SCHIFINO, WILLIAM J 339 SOUTH PLANT AVENUE 140 FOUNTAIN PARKWAY SUITE 420 Address: Address:

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

City-St-Zip:

ST. PETERSBURG, FL 33716

SIGNATURE: STUART LASHER **PRES** 04/25/2005

or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.