2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000020519

QUANTUM LEAP INVESTMENTS, LLC

FILED Mar 02, 2006 08:00 AN Secretary of State

Principal Place of Business

5651 CORPORATE WAY

SUITE #4

WEST PALM BEACH, FL 33407

Mailing Address

15174 84TH AVE. N.

PALM BEACH GARDENS, FL 33418 US



CR2E083 (11/05)

4. FEI Number 33-1018358

02282006 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SATTLER, THOMAS A 15174 84TH AVE. N. PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

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.

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

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

100000453381 na/14/06-80019-001 50.00

9.	MANAGING MEMBERS/MANAGERS
title Name	MGRM SATTLER, THOMAS A
STREET ADDRESS	15174 84TH AVE. N.
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRM
NAME	VARGAS-SATTLER, ANDREA
STREET ADDRESS	15174 84TH AVE. N.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 managing member or manager of the timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #