

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90020 023 ****50.00

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02082005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000011466 1. Entity Name QUANTUM LEAP LLC			
Principal Place of Business 1130 CLEVELAND STREET STE. 210 CLEARWATER, FL 33755		Mailing Address 1130 CLEVELAND STREET STE. 210 CLEARWATER, FL 33755	
2. Principal Place of Business 100 21st St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 386 Suite, Apt. #, etc.	
City & State Belleair Beach, FL Zip 33786 Country		City & State Clearwater, FL Zip 33757 Country	
4. FEI Number 65-1181135		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGER, DAVID 1130 CLEVELAND STREET STE. 210 CLEARWATER, FL 33755		7. Name and Address of New Registered Agent Name BRENT DETELICH Street Address (P.O. Box Number is Not Acceptable) 100 21st Street City Belleair Beach FL Zip Code 33786	
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 4/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGER, DAVID 1130 CLEVELAND STREET STE. 210 CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRENT DETELICH 100 21st St. Belleair Beach FL 33786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:		Date 4/22/05 Daytime Phone # 800-907-3895	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			