

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028344

Entity Name: QUANTUM VIEW 908 LLC

FILED
Jun 09, 2009
Secretary of State

Current Principal Place of Business:

% RFR HOLDING LLC
390 PARK AVENUE
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

% RFR HOLDING LLC
390 PARK AVENUE
NEW YORK, NY 10022

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FUCHS, MICHAEL
Address: 390 PARK AVENUE 3RD FL
City-St-Zip: NEW YORK, NY 10022

Title: AMGR () Delete
Name: HERMAN, PHILIP
Address: 390 PARK AVENUE 3RD FL
City-St-Zip: NEW YORK, NY 10022

Title: AMGR () Delete
Name: DADY, ROBERT E
Address: 201 ALHAMBRA CIRCLE #601
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, 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: MICHAEL FUCHS

MGR

06/09/2009

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