

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044235

FILED  
May 03, 2006  
Secretary of State

Entity Name: QUANTUM INVESTMENTS,LLC

**Current Principal Place of Business:**

4620 SUNBEAM STATION COURT  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

4620 SUNBEAM STATION COURT  
JACKSONVILLE, FL 32257

**New Mailing Address:**

P.O. BOX 351465  
JACKSONVILLE, FL 32235 14

FEI Number: 35-2215895      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

PITTMAN, DORINDA K  
4620 SUNBEAM STATION COURT  
JACKSONVILLE, FL 32257 US

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

GRANT, KEVIN B  
12303 BOSTON HARBOR DRIVE  
JACKSONVILLE, FL 32225 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: KEVIN B. GRANT

05/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COLBERT, DAPHNE  
Address: 8187 TRAFALGAR SQ.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM ( ) Delete  
Name: GRANT, KEVIN  
Address: 12303 BOSTON HARBOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete  
Name: STEVENSON, KENNEY  
Address: 2815 ARMSDALE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM ( ) Delete  
Name: JOHNSON, ANTHONY  
Address: 7352 SANDY BLUFF DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM ( ) Delete  
Name: MULKEY, SHIRLEY  
Address: 251 SONDRRA COVE TRAIL EAST  
City-St-Zip: JACKSONVILLE, FL 32225

**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:

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 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: KEVIN GRANT

MGRM

05/03/2006

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