2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044235

Entity Name: QUANTUM INVESTMENTS,LLC

FILED May 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2729 EGRET WALK TERRACE N. 201 NORTH LAURA STREET JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** P.O. BOX 351465 201 NORTH LAURA STREET JACKSONVILLE, FL 32235 JACKSONVILLE, FL 32202 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: Name and Address of New Registered Agent: GRANT, KEVIN B 2729 EGRET WALK TERRACE N. JACKSONVILLE, FL 32226 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete COLBERT, DAPHNE Name: Name: 8187 TRAFALGAR SQ. Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GRANT, KEVIN Name: Name: Address: 2729 EGRET WALK TERRACE N. Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition STEVENSON, WILDRICK STEVENSON, WILDRICK Name: Name: Address: 2815 ARMSDALE ROAD Address: 12610 ANGEL LAKE DR City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: MGRM () Delete Title: () Change () Addition Name: JOHNSON, ANTHONY Name: Address: 7352 SANDY BLUFF DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MULKEY, SHIRLEY Name: Name: 251 SONDRA COVE TRAIL EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: () Change (X) Addition SULLIVAN, RHONDA M Name: Name: Address: Address: 3521 RAIN FOREST DR. WEST JACKSONVILLE, FL 32277 City-St-Zip: 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: RHONDA M SULLIVAN MGRM 05/17/2008