

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000052281**

1. Entity Name  
**GL QUANTUM 4104 LLC**



Principal Place of Business  
**2900 SW 28TH TERR, GROVE PLAZA  
SECOND FLOOR  
COCONUT GROVE, FL 33133**

Mailing Address  
**2900 SW 28TH TERR, GROVE PLAZA  
SECOND FLOOR  
COCONUT GROVE, FL 33133**



04132005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0976533**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NEAL S. LITMAN, P.A.  
2900 SW 28TH TERR, GROVE PLAZA  
SECOND FLOOR  
COCONUT GROVE, FL 33133**

**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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GOLDMAN, HAZEL
STREET ADDRESS	10501 SW 71 AVE
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	MURPHY, SCOTT
STREET ADDRESS	10501 SW 71 AVE
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000358141  
05/04/05-80102-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Authorized Representative*

*4-26-05 315-441-9000*