2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L03000052281

Entity Name: GL QUANTUM 4104 LLC

Current Principal Place of Business:

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

New Principal Place of Business:

2900 SW 28TH TERRACE
2ND FLOOR
COCONUT GROVE, FL 33133

Current Mailing Address:

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

New Mailing Address:

2900 SW 28TH TERRACE
2ND FLOOR
COCONUT GROVE, FL 33133

FEI Number: 20-0976533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NEAL S. LITMAN, P.A.
2900 SW 28TH TERRACE
2ND FLOOR
COCONUT GROVE, FL 33133 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: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GOLDMAN, HAZEL
Address: 10501 SW 71 AVE
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete
Name: MURPHY, SCOTT
Address: 10501 SW 71 AVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

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: HAZEL GOLDMAN MGR 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date