


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90040 010 ****50.00

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| DOCUMENT # L04000041466 | |  |
| 1. Entity Name QUANTIC INVESTMENTS, LLC | | |

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| Principal Place of Business 20 NORTH ORANGE AVE., SUITE 407 ORLANDO, FL 32801 | Mailing Address 6000 TURKEY LAKE ROAD, SUITE 113 ORLANDO, FL 32819 |
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| 2. Principal Place of Business <i>6000 Turkey Lake Rd.</i> | 3. Mailing Address <i>20 N. Orange Ave.</i> |
| Suite, Apt. #, etc. <i>Suite 113</i> | Suite, Apt. #, etc. <i>Suite 600</i> |
| City & State <i>Orlando, FL</i> | City & State <i>Orlando, FL</i> |
| Zip <i>32819</i> | Zip <i>32801</i> |
| Country | Country |



02012005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number <i>20-1206991</i> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DRUMMOND, DOWER 6000 TURKEY LAKE ROAD, SUITE 113 ORLANDO, FL 32819 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>7932 Westminster Abbey Blvd.</i> <i>Orlando, FL 32835</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

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|---|-----------------------|-----------------|
| SIGNATURE:  | Date: <i>02/19/05</i> | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |