

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90034 038 ****55.00

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04082006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000007156					
1. Entity Name QUANTUM INVESTMENT ADVISORS, LLC					
Principal Place of Business 321 KENTUCKY AVENUE FORT LAUDERDALE, FL 33312			Mailing Address 321 KENTUCKY AVENUE FORT LAUDERDALE, FL 33312		
2. Principal Place of Business		3. Mailing Address PO BOX 120265			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Fort Lauderdale, FL		4. FEI Number 20-2219220	
Zip		Country		Applied For Not Applicable	
33312		USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCOIS, LOUIDOR 321 KENTUCKY AVENUE FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCOIS, LOUIDOR 321 KENTUCKY AVENUE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Louise Francois</i>			4/10/06 954-873-3978		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		