



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-27-2006 90017 037 ****50.00

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|--|---|---|---|---|--|
| DOCUMENT # L05000031980 1. Entity Name QUANTUM GROUP OF FLORIDA, LLC | | | |  | |
| Principal Place of Business 2800 GLADES CIR STE 152 WESTON, FL 33327-2279 | | | Mailing Address 2800 GLADES CIR STE 152 WESTON, FL 33327-2279 | | |
| 2. Principal Place of Business 2800 Glades Circle #152 Suite, Apt. #, etc. | | 3. Mailing Address Sunny Suite, Apt. #, etc. | | | |
| City & State Weston FL. | | City & State | | 4. FEI Number 20-2615435 | |
| Zip 33327 | | Country Broward | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DUARTE, LUIS F 2800 GLADES CIR STE 152 WESTON, FL 33327-2279 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | |
| 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 DUARTE, LUIS F 2800 GLADES CIR STE 152 WESTON, FL 333272279 <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:  | | | Date: 5/24/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone # 954-3850996 | | |