File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000001672

2400 QUANTUM, L.C.
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408

1a. Principal Place of Business Address

712 U.S. HIGHWAY ONE, SUITE
NORTH PALM BEACH FL 33408

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified 08/28/1998	3a. State of Formation FL
Suite, Apt. #, etc.	Suite. Apt #, etc	4. FEI Number	☐ Applied For
City & State	City & State	65-0860571	☐ Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
NORRIS, DAVID B 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt #, etc
	City	Zip Code FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MACDONALD, DOUGLAS B	712 U.S. HIGHWAY ONE, SUIT	NORTH PALM BEACH FL

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****188.75 ****188.75

11 I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ Pres 4/7/99

JNHSE10 R (12-98)