

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90043 044 \*\*\*\*50.00

DOCUMENT # L98000001672 1. Entity Name 2400 QUANTUM, L.C.	
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Principal Place of Business 2500 QUANTUM LAKES DRIVE, SUITE 101 BOYNTON BEACH, FL 33426	Mailing Address 2500 QUANTUM LAKES DRIVE, SUITE 101 BOYNTON BEACH, FL 33426
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**DO NOT WRITE IN THIS SPACE**



04152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0860571	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BRESOLIN, FIORENZO 2500 QUANTUM LAKES DRIVE, SUITE 101 BOYNTON BEACH, FL 33426
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**DO NOT WRITE  
IN THIS SPACE**

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.

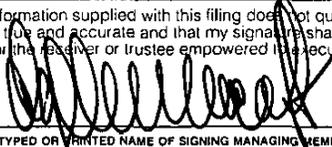
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUANTUM LIMITED PARTNERS, LTD. 2500 QUANTUM LAKES DR, STE 101 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SECURED HOLDINGS, INC. 7 CORPORATE PLAZA NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: 	4-18-05	(949) 719-7212
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>

**IGOR M. OLENICOFF, MANAGING MEMBER**