

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90104 033 ****50.00

DOCUMENT # L99000003276



1. Entity Name
2500 QUANTUM, L.L.C.

Principal Place of Business
**712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408**

Mailing Address
**712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2500 Quantum Lakes Drive
Suite, Apt. #, etc.
101

City & State

City & State
Boynton Beach, FL

4. FEI Number **65-0930391**

Applied For
Not Applicable

Zip Country

Zip Country
33426 USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
**MACDONALD, DOUGLAS B
C/O MFT DEVELOPMENT, INC.
1401 FORUM WAY, NO. 101
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
Name **no change**
Street Address (P.O. Box Number is Not Acceptable)
2500 Quantum Lakes Drive #101
City **Boynton Beach** State **FL** Zip Code **33426**

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACDONALD, DOUGLAS B 2500 QUANTUM LAKES DR., STE 10 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Shirley B. [Signature]* **02/06/03** **561-740,2447**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)