

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)****FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90106 006 ****50.00

DOCUMENT # L99000007508**1. Entity Name**

QUANTUM COMMERCIAL LANDS, L.L.C.

DO NOT WRITE IN THIS SPACE**2. Principal Place of Business**

2500 Quantum Lakes Dr.

Suite, Apt. #, etc.

Ste 101

City & State

Boynton Beach, FL

Zip

33426

Country

US

3. Mailing Address

2500 Quantum Lakes Dr.

Suite, Apt. #, etc.

Ste 101

City & State

Boynton Beach, FL

Zip

33426

Country

US

4. FEI Number

65-0999504

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$5.00 Additional
Fee Required****7. Name and Address of Current Registered Agent**

Name

DAVID B. NORRIS

Street Address (P.O. Box Number is Not Acceptable)
712 U.S. Highway One, Ste 400

City

North Palm Beach,

FL

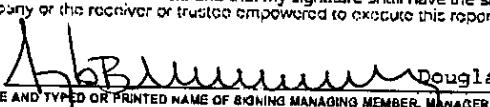
Zip Code
33408**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.****SIGNATURE**

Signature, Title of person named as registered agent and fee, if applicable.

DATE

FEE IS \$50.00**Make Check Payable to Department of State
DUE BY MAY 1****9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	MGR	MACDONALD, DOUGLAS	2500 Quantum Lakes Dr. Suite 101 Boynton Beach, FL 33426				

**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 606, Florida Statutes.****SIGNATURE:**  Douglas Macdonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561/740-2447

Or by

Certified Mailing #

CR2E083B (12/01)