

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000003136

1. Entity Name
QUANTUM ALTERNATIVE INVESTMENT GROUP, LLC



Principal Place of Business
1001 BRICKELL BAY DRIVE, STE 1710
MIAMI, FL 33131

Mailing Address
1001 BRICKELL BAY DRIVE, STE 1710
MIAMI, FL 33131

FILED
Aug 27, 2008 08:00 AM
Secretary of State



07102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0160039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ANTHONY
1001 BRICKELL BAY DRIVE, STE 1710
MIAMI, FL 33131

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FERNANDEZ, ANTHONY
STREET ADDRESS	1001 BRICKELL BAY DRIVE, STE 1710
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	MGR
NAME	COLLAR, JUAN C
STREET ADDRESS	1001 BRICKELL BAY DRIVE, STE 1710
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000958441
08/27/08-80002-015 538.75

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: _____

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

Date

Daytime Phone #

Anthony Fernandez 8/25/08 (305) 403-7880