


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90092 006 ****55.00

DOCUMENT # L04000030198

1. Entity Name
 QUALITY CHAIN MANAGEMENT INTERNATIONAL, L.L.C.



Principal Place of Business 1223 AIRPORT ROAD 101 DESTIN, FL 32541	Mailing Address 1223 AIRPORT ROAD 101 DESTIN, FL 32541
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2. Principal Place of Business 4400 EAST HWY 20 Suite, Apt. #, etc. SUITE 211 City & State NICEVILLE, FL Zip 32578 Country USA	3. Mailing Address 4400 EAST HWY 20 Suite, Apt. #, etc. SUITE 211 City & State NICEVILLE, FL Zip 32578 Country USA
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07222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1017199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAVENS, JASON E
 1223 AIRPORT ROAD
 101
 DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name
 HAVENS & MILLER, P.L.L.C.
 Street Address (P.O. Box Number is Not Acceptable)
 4400 EAST HIGHWAY 20
 SUITE 211
 City
 NICEVILLE FL Zip Code
 32578

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

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM	NAME MCDERMID, JOHN H.	<input checked="" type="checkbox"/> Delete	TITLE MGRM	NAME GARCIA, JACOB I ZIG ZON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1223 AIRPORT ROAD	CITY-ST-ZIP DESTIN, FL 32541		STREET ADDRESS 2655 MELKSEE RD, SUITE D	CITY-ST-ZIP SAN DIEGO, CA 92154	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE M	NAME IZIG ZON, JOHANNAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 2655 MELKSEE RD, SUITE D	CITY-ST-ZIP SAN DIEGO, CA 92154	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE M	NAME TRIANT TRUST, LLC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 4400 EAST HWY 20, SUITE 211	CITY-ST-ZIP NICEVILLE, FL 32578	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	

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:  5/20/2005 850-897-6733
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #