

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008079

FILED
Feb 06, 2004
Secretary of State

Entity Name: QCS, LLC*****

Current Principal Place of Business:

P.O. BOX 349
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 349
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3657269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, TOM
2820 MARGUESAS COURT
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

FISCHER, TOM
2820 MARQUESAS COURT
WINDERMERE, FL 34786 US

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:

02/06/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FISCHER, TOM
Address: 2820 MARGUESAS COURT
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: FISCHER, DAVE
Address: 225 TRALEE DR.
City-St-Zip: MIDDLETOWN, DE 19709

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TOM FISCHER

MGRM

02/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date