

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018201

1. Entity Name
QUARTZ FIDELITY TRUST, LLC



Principal Place of Business
2328 10TH AVENUE NORTH
STE 403
LAKE WORTH, FL 33461-6606

Mailing Address
2328 10TH AVENUE NORTH
STE 403
LAKE WORTH, FL 33461-6606



04062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1148750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUKIN, ROGER
2328 TENTH AVENUE NORTH, STE. 403
LAKE WORTH, FL 33461-6606

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

11000011314561
04/18/05-80170-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JAMES B. RUKIN REVOCABLE TRUST
2328 10TH AVENUE NORTH STE 403
LAKE WORTH, FL 334616606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JULIA R RUKIN REVOCABLE TRUST
2328 10TH AVENUE NORTH STE 403
LAKE WORTH, FL 334616606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RUKIN, ROGER B
2328 10TH AVENUE NORTH STE 403
LAKE WORTH, FL 334616606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

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

Date

Daytime Phone #

4/14/05 561 586-0100