## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

## Mar 09, 2005 08:00 AM Secretary of State DOCUMENT # L02000016875 1. Entity Name KIDS KIDS QUALITY CRAFT FURNITURE. LLC Mailing Address Principal Place of Business \_622 WALKER STREËT 622 WALKER STREET HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 02092005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 56-2314353 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABDOO, SALLY DO NOT WRITE **622 WALKER STREET** HOLLY HILL, FL 32117 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) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME ABDOO, SALLY STREET ADDRESS 628 WALKER ST U00000256367 03/09/05-80012-005 50.00 CITY-ST-ZIP HOLLY HILL, FL 32117 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. 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 roceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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