


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # L03000057507</b><br>1. Entity Name<br><b>QUALITY CRAFT WORKS, LLC</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>4823 SULLIVAN RD<br/>TALLAHASSEE, FL 32310</b>  |   |   | Mailing Address<br><b>4823 SULLIVAN RD<br/>TALLAHASSEE, FL 32310</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country  |   |  |
| 4. FEI Number<br><b>88-0517853</b>  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   | <b>\$5.00 Additional Fee Required</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>KIO-GREEN, CAROL E<br/>4823 SULLIVAN RD<br/>TALLAHASSEE, FL 32310</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 _____   |   |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>      |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>KIO, JAMES F<br/>4823 SULLIVAN RD<br/>TALLAHASSEE, FL 32310</b>       | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>500046660095<br/>02/15/05--01060--012 **50.00</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>KIO-GREEN, CAROL E<br/>4823 SULLIVAN RD<br/>TALLAHASSEE, FL 32310</b> | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <u><i>Carol E. Kio-Green</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   | <u>Feb. 3, 2005</u><br><small>Date      Daytime Phone #</small>  |   |  |

**FILED**  
 05 FEB -4 PM 12:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FL



02032005    Chg-LLC    CF2E083 (10/03)