

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

04-25-2006 90021 043 ****50.00

DOCUMENT # L05000078797 1. Entity Name QUALITY CRANE AND SIGN SERVICE LLC					
Principal Place of Business 735 EAST WASHINGTON ST MONTICELLO, FL 32344 US			Mailing Address PO BOX 495 MONTICELLO, FL 32345 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3275160	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORRIS, JOHN M III 735 EAST WASHINGTON ST MONTICELLO, FL 32344				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Certificate of Status Desired <input type="checkbox"/>	
SIGNATURE <small>Signatures, typed or printed name of registered agent and size if applicable. (NOTE: Registered Agent signature required when renewing)</small>				DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
10. MANAGING MEMBERS/MANAGERS			11. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, JOHN M III 735 EAST WASHINGTON ST MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MEMBER MGRM FOSTER, G L 735 E. Washington St. Monticello, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>John Morris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			04/24/06 (850) 997-2222 <small>Date Daytime Phone #</small>		