## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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FILING			ort \$100.00 + \$10	PEODETARY OF STATE							
\$ 203. 1. Name a	and Mailing Add	***	yable To: FL	SECRETARY OF STATE TALLAHASSEE, FLORIDA							
of Limite	ed Liability Cor	npany Di	OCUMEI								
RU	IG CRAF	TERS OF	NORTH (	1a. Principal Place of Business Address							
<del>5</del>		<del>COUNT</del> G RONC 2	UILFORD	5 WINDY COURT GUILFORD INDUST GREENSBORO NC 27409							
, G1	CENDED	NO NO Z	7409	PKEENSBO	RO NC Z	1409					
If shove m	nailmn address is	incorrect in any way	√ line through Inco								
If above mailing address is incorrect in any way, line through				Malling Add		Treation at proof see.	3. Date Organized or Qualified 3a. State of Formation				
5 WENDY COURT Suite, Apt. #, etc.				, Apt #, et	c		08/10/1995 FL				
- Contagnity	, 5101		June	, , , , , ,	<b>u</b> .		4. FEI Number 56-1981945 Applied For				
City & State	e		City	City & State						Not Applicable	
Zip		Country	Zip		Coun	atry	5. Date of Last Report		6. Certificate of Status Desired		
					_		07/24/199	96	S8 75 Additional	f te Bequired	
	7. Name	and Address of	Current Registe	red Agent		Name	8. Name and Add	gistered Agent			
	NANCY					Mania					
	DE PAR FL 336		SULTE 3	175		Street Address	ss (P.O. Box Number is Not Acceptable)				
LAMUA	ru 330	110				Sulte, Apt. #, etc	Suite. Apt. # etc.				
						City Zip Code			1		
its registere	ed office or regi	ions of Sections stered agent, or b accept the obliga	oth, in the State o	508, Florid   Florida. St	a Statutes, the auch change was	above-named limite authorized by affirm	d liability company s ative vote of a majorit	ubmits this state y of the member	ement for the purp is. I hereby accept	ose of changing the appointment	
SIGNATUR	RE							DATE		ĺ	
10. Title	Mar	<del></del>	***************************************	i) (NOTE: Re		re required when reinstati				oda	
10. 1110	Managing Members/Managers				DUBIT	DOS CILDAT MODIGOS	,	Oity,	, State and Zip Ci	.00	
MGRM ROSENBAUM, PHILLIP 5 WENDY COURT GUILFORD IND CREE						REENSBO	ENSBORO NC				
- [											
							50	0002 -04/29 ****2	15872 /970108 03.75 **	253 37031 **203.75	
								0.	04/23	,97	
11. I do here	eby certify that	the information s	unnlied with this fill	na does no	t qualify for the ex	xemption stated in S	ection 119.07(3) (i), F	lorida Statutes	I further certify the	at the information	

indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER