	t to a \$ 400.00 LATE FEE  D LIABILITY COMPANY	oTherap.	FLORIDA DEF	PARTMEN	I OF STATE	7	eroseta.	ILED RY OF STA	TE .	
_	ANNUAL REPORT	Katherine Harris			DIVISION OF CORPORATIONS					
1000				Secretary of State DIVISION OF CORPORATIONS			99 APR 22 AM 10: 47			
FILING \$ 188.	FEE Annual Report \$100.00  75 Make Check Payable						JJ M K L	<u> </u>		
	and Mailing Address DOCU ted Liability Company	MENT	<b>「</b> # 195	00000	0612	]				
RUG CRAFTERS OF NORTH CAROLINA, L.C.						1a. Principal Place of Business Address				
!	5 WENDY COURT GUII GREENSBORO NC 2740	FORD				5 WENDY GREENSE			ORD INDUS	
2 Princina	al Place of Business	ng Address			3. Date Organized or Qualified   3a. State of Formation					
2 Time par Fides Of Basiness			ng notices			08/10/1995 FL		, comadon		
Suite, Apt #, etc. Suite, Apt			pt #, etc	#, etc		4. FEI Number		.l [r	Applied For	
			City & State  Zip Country			56-1981945 5. Date of Last Report		L   r	Not Applicable	
								6. Certificate	of Status Desired	
Ziβi	Country	2,41		Country		03/02/1	998	\$8.75 Addition	nat Fee Required	
·····	7. Name and Address of Current	Registered	i Agent		8. Name	Name and Address	of New Regis	tered Agent/C	Office	
its register as register	ant to the provisions of Sections 608 416 red office or registered agent, or both, in the red agent, and accept the obligations.	e State of Flo	orida. Such chan	es, the abov ge was auth	orized by affirma	itive vote of a majoriti				
10. Title Managing Members/Managers			]	Business Street Address			City, State and Zip Code			
MGRM	ROSENBAUM, PHILL	P	5 WEN	DY CO	URT GUI	LFORD INI	NCHCHC12 04/2	38516 3/390	nc 73:1013 1083008 ****188.75	
indicated o limited liabi attachment	reby certify that the information supplied wo on this annual report is true and accurate a positive company or the receiver or trustee en it with an address.	and that my:	signature shall h	nave the sar	ne legal effect as ired by Chapter (	it made under oath	that I am a mai , and that my n	naging membe	er or manager of the n Block 10, or on an	