

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003446

FILED
Aug 10, 2005
Secretary of State

Entity Name: CRAFTSTAFF, LLC

Current Principal Place of Business:

801 SOUTH FLORIDA AVE., STE. 1
LAKELAND, FL 33801

New Principal Place of Business:

310 EAST HARRISON ST
TAMPA, FL 33602

Current Mailing Address:

801 SOUTH FLORIDA AVE., STE. 1
LAKELAND, FL 33801

New Mailing Address:

310 EAST HARRISON ST.
TAMPA, FL 33602

FEI Number: 20-0251959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STRUCTURED SYSTEMS HOLDINGS, LLC
801 SOUTH FLORIDA AVE., STE. 1
LAKELAND, FL US

Name and Address of New Registered Agent:

STRUCTURED SYSTEMS HOLDINGS, LLC
310 EAST HARRISON ST.
TAMPA, FL 33602 US

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.

SIGNATURE:

08/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STRUCTURED SYSTEMS H, OLDINGS, LLC
Address: 801 SOUTH FLORIDA AVE., STE. 1
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STRUCTURED SYSTEMS H, OLDINGS, LLC
Address: 310 EAST HARRISON ST
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROCKY W. RULE

MGR

08/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date