

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010429

Entity Name: EHOMEANDGIFTSHOP.COM, LLC

FILED  
Jun 18, 2005  
Secretary of State

## Current Principal Place of Business:

8181 W BROWARD BLVD  
SUITE 204  
PLANTATION, FL 33324 US

## New Principal Place of Business:

1563 NW 182 WAY  
PEMBROKE PINES, FL 330293092 US

## Current Mailing Address:

18331 PINES BLVD  
#216  
PEMBROKE PINES, FL 330291421 US

## New Mailing Address:

FEI Number: 75-3108448      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:

LANGLEY, DAVID W  
8181 W BROWARD BLVD  
SUITE 204  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

OLICKER, MAURY R  
1563 NW 182 WAY  
PEMBROKE PINES, FL 330293092 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: MAURY R. OLICKER

06/18/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LANGLEY, DAVID W  
Address: 8181 W BROWARD BLVD, #204  
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM ( ) Delete  
Name: OLICKER, MAURY R  
Address: 18331 PINES BLVD, #216  
City-St-Zip: PEMBROKE PINES, FL 330291421 US

Title: MGRM (X) Delete  
Name: MARKS, LINDA D  
Address: 1040 SW 91 AVE  
City-St-Zip: PLANTATION, FL 33324 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MARKS, LINDA D  
Address: 1040 SW 91 AVE  
City-St-Zip: PLANTATION, FL 33324 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAURY R. OLICKER

MGRM

06/18/2005

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