

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003887

FILED  
Jan 26, 2004  
Secretary of State

Entity Name: CARDS & GIFTS OF ST. CLOUD, LLC

**Current Principal Place of Business:**

4047 13TH ST.  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

4405 13TH ST.  
ST. CLOUD, FL 34769

**Current Mailing Address:**

4047 13TH ST.  
ST. CLOUD, FL 34769

**New Mailing Address:**

4405 13TH ST.  
ST. CLOUD, FL 34769

FEI Number: 59-3703206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRASBAUGH, PATRICIA  
4047 13TH ST.  
ST. CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

STRASBAUGH, PATRICIA  
4405 13TH ST.  
ST. CLOUD, FL 34769 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: PATRICIA STRASBAUGH

01/26/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: STRASBUAGH, PATRICIA  
Address: 4047 13TH ST.  
City-St-Zip: ST. CLOUD, FL 34769

Title: MEM ( ) Delete  
Name: OWEN, PHILIP C  
Address: 1509 SUNSET POINTE PLACE  
City-St-Zip: KISSIMMEE, FL 34744

Title: MEM ( ) Delete  
Name: OWEN, MARIAN L  
Address: 1509 SUNSET POINTE PLACE  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STRASBUAGH, PATRICIA  
Address: 4405 13TH ST.  
City-St-Zip: ST. CLOUD, FL 34769

Title: MGR (X) Change ( ) Addition  
Name: OWEN, PHILIP C  
Address: 1509 SUNSET POINTE PLACE  
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR (X) Change ( ) Addition  
Name: OWEN, MARIAN L  
Address: 1509 SUNSET POINTE PLACE  
City-St-Zip: KISSIMMEE, FL 34744

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: PATRICIA STRASBAUGH

MGRM

01/26/2004

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