2/17/2003 90003-046 -$55.00-$55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003887

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

Principal Place of Business	Mailing Address
4047 13TH ST. ST. CLOUD FL 34769	4047 13TH ST. ST. CLOUD FL 34769

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3703206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired. ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRASBAUGH, PATRICIA 4047 13TH ST. ST. CLOUD FL 34769	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITION/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM STRASBUAGH, PATRICIA 4047 13TH ST. ST. CLOUD FL 34769	☐ Delete	~~Former~~ MGRM STRASBAUGH, PATRICIA, 4047 13th St. St. Cloud, FL 34769	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM OWEN, PHILIP C 1509 SUNSET POINTE PLACE KISSIMMEE FL 34744	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM OWEN, MARIAN L 1509 SUNSET POINTE PLACE KISSIMMEE FL 34744	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E063 (1/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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 SIGNATURE REQUIRED 3-1-03 407-892-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #