

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029080

Entity Name: CAROUSEL OF GIFTS LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

126 WILSHIRE BOULEVARD
SUITE #130
CASSELBERRY, FL 32707 US

New Principal Place of Business:

180 S RONALD REAGAN BLVD
SUITE #108
LONGWOOD, FL 32750 US

Current Mailing Address:

307 MCCLINTOCK STREET
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 56-2389513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KORNBLUH, RICHARD P
307 MCCLINTOCK STREET
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KORNBLUH, RICHARD P
Address: 307 MCCLINTOCK STREET
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM () Delete
Name: KORNBLUH, NANCY G
Address: 307 MCCLINTOCK STREET
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM (X) Delete
Name: BUTT, GEORGE T
Address: 489 W KALEY ST.
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES:

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

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 Chapter 119, 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: RICHARD P KORNBLUH

MGRM

04/17/2006

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