

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036221

FILED  
Apr 07, 2005  
Secretary of State

**Entity Name:** TWO BLONDES LIQUORS & GIFTS, LLC

**Current Principal Place of Business:**

82 COASTAL HIGHWAY  
PANACEA, FL 32346

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 86  
PANACEA, FL 32346

**New Mailing Address:**

**FEI Number:** 42-1604696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATKINS-GUNTER, KATHLEEN B  
82 COASTAL HWY 98  
PANACEA, FL 32346 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ATKINS, KATHLEEN B  
Address: P.O. BOX 15948  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete  
Name: BRETT, JUDITH E  
Address: 1077 ALLIGATOR DR.  
City-St-Zip: PANACEA, FL 32346

Title: MGRM ( ) Delete  
Name: GUNTER, WILLIAM D JR.  
Address: P.O. BOX 12099  
City-St-Zip: TALLAHASSEE, FL 32317

**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 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:** KATHLEEN B. ATKINS

MGRM

04/07/2005

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