2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # L05000023632 04-03-2006 90069 041 ****50.00 GIVING WITH GRACE GIFT BASKETS, L.L.C. Principal Place of Business Mailing Address 1658 NORTH HERMITAGE ROAD 30009472 **1658 NORTH HERMITAGE ROAD** FORT MYERS, FL 33919 FORT MYERS, FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122006 CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent: CTA-7. Name and Address of New Registered Agent OBJARTEL, SHERYL E 1658 NORTH HERMITAGE ROAD Street Address (P.O. Box Number is Not Acceptable) FORT MYERS, FL 33919 Zio 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 SIGNATURE Sometime, house or prevised name of ingretaried agent and title if applicable. (NDTE: Registered Agent signature required when remassing) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Opticia TITLE Change ☐ Addition MILE OBJARTEL, SHERYL E STREET ADDRESS 1658 NORTH HERMITAGE ROAD STREET ADDRESS FORT MYERS, FL 33919 CITY-ST-ZIP CHY-ST-ZIP TITLE Delate TITLE ☐ Change ☐ Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-S1-72P C1TY - ST - 709 TITLE ☐ Deteta ☐ Channa ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-SI-ZIP mu Delcta TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detate ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ID MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jun 02, 2006 8:00 am

Deviume Phone #



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 5, 2006

GIVING WITH GRACE GIFT BASKETS, L.L.C.

Subject: GIVING WITH GRACE GIFT BASKETS, L.L.C.

Reference Number!

L05000023632

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM
ANNUAL REPORTS SECTION