

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030327

FILED  
Jul 24, 2006  
Secretary of State

Entity Name: THE GIFT IDEA SHOPPE, LLC

## Current Principal Place of Business:

324 CHECKERBERRY WAY  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

324 CHECKERBERRY WAY S.  
JACKSONVILLE, FL 32259

## Current Mailing Address:

324 CHECKERBERRY WAY  
JACKSONVILLE, FL 32259

## New Mailing Address:

324 CHECKERBERRY WAY S.  
JACKSONVILLE, FL 32259

FEI Number: 20-2589129      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SHEFFIELD, J. HOWARD ESQ  
SHEFFIELD & BOATRIGHT, P.A.  
6101 GAZEBO PARK PLACE NORTH, STE 103  
JACKSONVILLE, FL 32257 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: MGR ( ) Delete  
Name: TAYLOR, LORILEE  
Address: 324 CHECKERBERRY WAY  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TAYLOR, LORILEE  
Address: 324 CHECKERBERRY WAY S.  
City-St-Zip: JACKSONVILLE, FL 32259

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: LORILEE TAYLOR

MGR

07/24/2006

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