


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90054 040 ****55.00

DOCUMENT # L05000060706					
1. Entity Name FIGG'S GIFTS & HOME DECOR, LLC					
Principal Place of Business 5488 TRACI DRIVE MILTON, FL 32583 US			Mailing Address 5488 TRACI DRIVE MILTON, FL 32583 US		
2. Principal Place of Business 5488 Traci Dr Suite, Apt. #, etc.		3. Mailing Address 5488 Traci Dr Suite, Apt. #, etc.			
City & State Milton, FL Zip 32583 Country USA		City & State Milton, FL Zip 32583 Country USA		4. FEI Number 72-1600939 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04272006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent JONES-FIGGINS, BEVERLY K 5488 TRACI DRIVE MILTON, FL 32583			7. Name and Address of New Registered Agent Name: Beverly K. Jones-FIGGINS Street Address (P.O. Box Number is Not Acceptable): 5488 Traci Dr. City: Milton FL Zip Code: 32583		
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. unchANGED					
SIGNATURE <u>Beverly Jones-figgins</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent Signature required when reinstating) DATE: <u>04/27/06</u>		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES-FIGGINS, BEVERLY K 5488 TRACI DRIVE MILTON, FL 32583	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIGGINS, MORRIS D 5488 TRACI DRIVE MILTON, FL 32583	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <u>Beverly Jones-figgins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>04/27/06</u> Daytime Phone #: <u>(850) 981-0628</u>		