

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074647

Entity Name: WELCOME GIFT CARD LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

9073 N.W. 23RD PLACE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

9935 N.W. 52 ST.
CORAL SPRINGS, FL 33076

Current Mailing Address:

9073 N.W. 23RD PLACE
CORAL SPRINGS, FL 33065

New Mailing Address:

9935 N.W. 52 ST.
CORAL SPRINGS, FL 33076

FEI Number: 20-3241405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, JEFFREY
9073 N.W. 23RD PLACE
CORAL SPRINGS, FL 33065 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: PAGANO, FRANK
Address: 9073 N.W. 23RD PLACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: GOLDBERG, JEFFREY
Address: 9073 N.W. 23RD PLACE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PAGANO, FRANK
Address: 9935 N.W. 52 ST.
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM (X) Change () Addition
Name: GOLDBERG, JEFFREY
Address: 9935 N.W. 52 ST.
City-St-Zip: CORAL SPRINGS, FL 33076

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: JEFFREY L. GOLDBERG

MGRM

04/12/2007

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