

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086264

FILED
Aug 30, 2007
Secretary of State

Entity Name: CHRISTIE'S FLOWERS AND GIFTS, LLC

Current Principal Place of Business:

7740 PRESERVE LA, UNIT 4
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

1012 CHESAPEAKE BAY CT.
NAPLES, FL 34120

New Mailing Address:

7740 PRESERVE LANE, UNIT 4
NAPLES, FL 34119

FEI Number: 20-3442932 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:

CECIL, W. JEFFREY ESQ
PORTER, WRIGTH, MORRIS & ARTHUR LLP
5801 PELICAN BAY BOULEVARD, SUITE 300
NAPLES, FL 34108 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: MGRM () Delete
Name: CUMMINGS, JENNIFER J
Address: 1012 CHESAPEAKE BAY COURT
City-St-Zip: NAPLES, FL 34120

Title: MGRM () Delete
Name: CUMMINGS, KISMET F
Address: 1012 CHESAPEAKE BAY COURT
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES:

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 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: KISMET CUMMINGS

MGRM

08/30/2007

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