

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089398

Entity Name: 2ND GIFT HOLDINGS, LLC

FILED  
Jan 06, 2007  
Secretary of State

## Current Principal Place of Business:

907 W. PLATT STREET  
TAMPA, FL 33606

## New Principal Place of Business:

5212 S JULES VERNE CT  
TAMPA, FL 33611

## Current Mailing Address:

907 W. PLATT STREET  
TAMPA, FL 33606

## New Mailing Address:

5212 S.JULES VERNE CT  
TAMPA, FL 33611

FEI Number: 20-3443259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLS, FREDERICK J ESQ  
MORRISON & MILLS, P.A.  
1200 W PLATT STREET, SUITE 100  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

REDD, JOHN L DMD  
5212 S JULES VERNE CT  
TAMPA, FL 33611 US

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: JOHN L REDD II DMD

01/06/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: REDD, JOHN L II DMD  
Address: 5212 S JULES VERNE CT  
City-St-Zip: TAMPA, FL 33611

Title: MGR ( ) Delete  
Name: REDD, ELIZABETH  
Address: 5212 S JULES VERNE CT  
City-St-Zip: TAMPA, FL 33611

## 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 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: JOHN L REDD II DMD

OWNE

01/06/2007

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