

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104531

Entity Name: CONNORS GIFTS, LLC

FILED  
Apr 01, 2007  
Secretary of State

**Current Principal Place of Business:**

218 W TOMPKINS STREET  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

218 W TOMPKINS STREET  
INVERNESS, FL 34450

**New Mailing Address:**

FEI Number: 20-3675040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VANALLEN, LINDA C  
218 W TOMPKINS ST  
INVERNESS, FL 34450 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: VANALLEN, LINDA C  
Address: 1811 S SPIVEY TERRACE  
City-St-Zip: INVERNESS, FL 34450

Title: MGRM ( ) Delete  
Name: CONNORS, WALTER D II  
Address: 9375 E SWEETWATER DR  
City-St-Zip: INVERNESS, FL 34450

Title: MGRM ( ) Delete  
Name: FITZPATRICK, BRENDA C  
Address: 37 N BRAEMER  
City-St-Zip: INVERNESS, FL 34450

Title: MGRM ( ) Delete  
Name: HIMMEL, SANDRA C  
Address: 201 W HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 34452

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LINDA C VANALLEN

MGRM

04/01/2007

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