

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90130 012 \*\*\*\*55.00

<b>DOCUMENT # L06000028592</b> 1. Entity Name <b>TURTLE-DOVE GREETINGS, LLC</b>																											
Principal Place of Business <b>40 N.E. 49TH STREET OAKLAND PARK, FL 33334</b>		Mailing Address <b>40 N.E. 49TH STREET OAKLAND PARK, FL 33334</b>																									
2. Principal Place of Business - No P.O. Box # <input checked="" type="checkbox"/> Suite, Apt. #, etc.		3. Mailing Address <input checked="" type="checkbox"/> Suite, Apt. #, etc.																									
City & State <input checked="" type="checkbox"/>		City & State <input checked="" type="checkbox"/>																									
Zip <input checked="" type="checkbox"/>		Zip <input checked="" type="checkbox"/>																									
Country <input checked="" type="checkbox"/> U.S.A.		Country <input checked="" type="checkbox"/> U.S.A.																									
4. FEI Number 01072007 Chg-LLC CR2E083 (12/06)		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>BADE, BERNICE 40 N. E. 49TH STREET OAKLAND PARK, FL 33334</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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.																											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																											
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BADE, BERNICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>40 N.E. 49TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OAKLAND PARK, FL 33334</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	BADE, BERNICE		STREET ADDRESS	40 N.E. 49TH STREET		CITY-ST-ZIP	OAKLAND PARK, FL 33334		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 608, Florida Statutes.																											
SIGNATURE: <i>Bernice Bade</i>		1-09-2007 (954) 493-9726																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>																									