


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000093241		
1. Entity Name YATES PHARMACY & GIFTS, LLC		

Principal Place of Business 5398 10TH STREET MALONE, FL 32445	Mailing Address 5398 10TH STREET MALONE, FL 32445
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
YATES, JOHN 5398 10TH STREET MALONE, FL 32445	

7. Name and Address of New Registered Agent	
Name <u>TODD M. YATES</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>5398 10th St.</u>	
City <u>Malone</u>	FL Zip Code <u>32445</u>

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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>Sept. 4, 2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YATES, JOHN 5398 10TH STREET MALONE, FL 32445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President TODD M. YATES 950 E. Paces Ferry Rd, 1700 Atlantic Plaza Atlanta, Georgia 30326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>Sept 4, 2007</u> <small>Daytime Phone #</small>

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09042007 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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