2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 11, 2008 8:00 am Secretary of State

1. Entity Name YATES PHARMACY & GIFTS, LLC							02-11-200	8 90134	042 ***1	138.75
Principal Place of Business 5398 10TH STREET MALONE, FL 32445			Mailing Address 5398 10TH STREET MALONE, FL 32445			30001783				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. €, etc.			Suite, Apt. #. etc.			01182008	08 Chg-LLC CR2E083 (12/06)			
City & State			City & State			4. FEI Numb	per - 5603298			optied For of Applicable
Zip	Country		Zip	Country		<u> </u>	e of Status Desired	,	\$5.00 Add	
8. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
YATES, TODD M 5398 10TH STREET MALONE, FL 32445					Street Address (P.O. Box Number is Not Acceptable)					
MALONE,)									
					City FL Zip Code					
The above named entity submits this seatement 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 Sometime, typod or private harms of register of appelland harms of register of appelland Agent signature required when remailiating) OI/31/0-8 DATE										
FILE NOWIS FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								se check pa a Departme		•
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGES		==
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STREET ADDRESS C15Y-51-2P	YATES, TOOD M S 950 E PACES FERRY RD 1700 ATLANTA PLAZA ATLANTA, GA 30326				ET ADORESS - ST-ZIP					
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NAME STREET ADDRESS				• • • • • • • • • • • • • • • • • • • •	E ET ADORESS - ST-249					
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STREET ADDRESS CITY-ST-ZIP					et adoress -st-zip					
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										
SIGNATURE: 39/08 80-569-500										
1311100 112	ability compa	ny or the receiver or trustee	empowered to execute this	report a	s required by Chap	oter 608, Florida	3/9/08			1