2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90267 017 ***138.75

DOCUMENT # L07000024341

1. Entity Name
TALLY GIFTS LLC

Principal Place of Business	Mailing Address
400 CAPITAL CIRCLE SE, STE. 18-313 TALLAHASSEE, FL 32301 US	400 CAPITAL CIRCLE SE, STE. 18-313 TALLAHASSEE, FL 32301 US

01162008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
33 AMY LANE	
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: CRAWFORDVILLE FL	City & State
Zip: 32327 Country: USA	Zip Country

4. FEI Number: 20-8637985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425	Name: FRANCES CASEY LOWE, P.A. Street Address (P.O. Box Number is Not Acceptable): 3119-B CRAWFORDVILLE HWY. City: CRAWFORDVILLE FL Zip Code 32327

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: Francis C Lowe 2-12-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIDDLE, TRICIA 400 CAPITAL CIRCLE SE, STE. 18-313 TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	33 AMY LANE CRAWFORDVILLE FL 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIDDLE, ANDREW 400 CAPITAL CIRCLE SE, STE. 18-313 TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	33 AMY LANE CRAWFORDVILLE FL 32327	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Tricia L Riddle TRICIA L RIDDLE 3/24/08 850-544-9472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #