2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000081259

Entity Name: THE ULTIMATE GIFT, LLC

Current Principal Place of Business:

4613 N UNIVERSITY DR
575
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

4613 N UNIVERSITY DR
575
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SOMMERS, KELLY
4613 N UNIVERSITY DR
575
CORAL SPRINGS, FL 33067 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: SOMMERS, KELLY
Address: 4613 N UNIVERSITY DR - # 575
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR ( ) Delete
Name: SOMMERS, JUSTIN
Address: 4613 N UNIVERSITY DR - # 575
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM ( ) Delete
Name: LANGNAS, RICHARD
Address: 4613 N UNIVERSITY DR - # 586
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: SOMMERS, KELLY
Address: 4613 N UNIVERSITY DR - # 575
City-St-Zip: CORAL SPRINGS, FL 33067

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

Title: MGR (X) Change ( ) Addition
Name: SOMMERS, ALEXIS
Address: 4613 N UNIVERSITY DR - # 575
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR ( ) Change (X) Addition
Name: LANGNAS, RICHARD
Address: 4613 N UNIVERSITY DR - #575
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify 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: KELLY SOMMERS P 05/01/2009

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