

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90373 008 ****50.00

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03312005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L98000001944 1. Entity Name GIFTS-TO-GIVE, L.C.					
Principal Place of Business 5609 VICTORIA GUNS BLVD., #1303 PORT ORANGE, FL 32127			Mailing Address 5609 VICTORIA GUNS BLVD., #1303 SUITE A PORT ORANGE, FL 32127		
2. Principal Place of Business 1 SEATTLE TRAIL Suite, Apt. #, etc.		3. Mailing Address 1 SEATTLE TRAIL Suite, Apt. #, etc.			
City & State PALM COAST FL Zip 32164 Country USA		City & State PALM COAST FL Zip 32164 Country USA		4. FEI Number 59-3535275	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32115-2491			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, JACK K 5609 VICTORIA GUNS BLVD., #1303 PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, JACK K 1 SEATTLE TRAIL PALM COAST FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, ZENA M 5609 VICTORIA GUNS BLVD., #1303 PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, ZENA M 1 SEATTLE TRAIL PALM COAST FL 32164	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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>Zena M. Ward</i> ZENA M. WARD 4/23/05 386-586-0631					