

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M95000000229

1. Entity Name
DALE MABRY GIFTS, L.L.C., L.C.



Principal Place of Business
732 N. DALE MABRY HWY
TAMPA, FL 33609

Mailing Address
8100 E. 22ND ST. N., BLDG 900
WICHITA, KS 67226-2309



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3322955

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
COOLEY, PAUL L
8100 E 22ND ST. N., BLDG 900
WICHITA, KS 672262309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SHEETS, MATHEW B
201 S. PERSHING
WICHITA, KS 672181427

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MOYER RANCH, INC.
901 KNOX LANE
MANHATTAN, KS 66502

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000250938
03/04/05-80030-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

MB Sw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-1-05

Date

316 682-3300

Daytime Phone #