

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 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



01092006 No Chg-LLC

CR2E083 (11/05)

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000433126  
02/24/06-80004-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

Matthew B. Sheets

01/09/06

(316)682-3300

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

Date

Daytime Phone #