

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3322955 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324			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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COOLEY, PAUL L 8100 E 22ND ST. N., BLDG 900 WICHITA KS 67226-2309	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEETS, MATHEW B 201 S. PERSHING WICHITA KS 67218-1427	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOYER RANCH, INC. 901 KNOX LANE MANHATTAN KS 66502	☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Matthew B. Sheets 01-30-07 (316) 682-3300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					