

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 A**  
**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



01032008 No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

02/05/08-80015-017 138.75

**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

**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 608, Florida Statutes

SIGNATURE: \_\_\_\_\_

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

01-11-08

Date

(316) 682-3300

Daytime Phone #

Matthew B. Sheets