

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000229

FILED
Jan 28, 2009
Secretary of State

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

Current Principal Place of Business:

732 N. DALE MABRY HWY
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

8100 E. 22ND ST. N., BLDG 900
WICHITA, KS 672262309

New Mailing Address:

FEI Number: 59-3322955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COOLEY, PAUL L
Address: 8100 E 22ND ST. N., BLDG 900
City-St-Zip: WICHITA, KS 672262309

Title: MGRM () Delete
Name: SHEETS, MATHEW B
Address: 201 S. PERSHING
City-St-Zip: WICHITA, KS 672181427

Title: MGRM () Delete
Name: MOYER RANCH, INC.,
Address: 901 KNOX LANE
City-St-Zip: MANHATTAN, KS 66502

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

01/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date