


FILED
Apr 26, 2004 08:00 AM
Secretary of State

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000025433		
1. Entity Name LILY LIMITED LIABILITY COMPANY		
Principal Place of Business 12773 WEST FOREST HILL BOULEVARD, STE 206 WELLINGTON, FL 33414	Mailing Address 12773 WEST FOREST HILL BOULEVARD, STE 206 WELLINGTON, FL 33414	
DO NOT WRITE IN THIS SPACE		



04202004No Chg-LLC CR2E063 (10/03)

4. FEI Number 22-3875499	Applied For <input type="checkbox"/> (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, A. FAXON JR.
 12773 WEST FOREST HILL BOULEVARD, STE 206
 WELLINGTON, FL 33414

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

**Filing Fee is \$50.00
 Due by May 1, 2004**

1000000131561
 04/27/04-80010-013 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR ECHEZARRETA, CLARISSA 1115 B ROAD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**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)(b), 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.

Clarissa Echezarreta,
 Manager

SIGNATURE: _____ **April 22, 2004**
Signature and typed or printed name of signing managing member, or authorized representative. Date. Obovise Phone #