


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90012 036 \*\*\*\*50.00

<b>DOCUMENT # L01000003361</b> 1. Entity Name DESMOND LILY, LLC	
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Principal Place of Business 1288 W. FAIRBANKS AVE. WINTER PARK, FL 32789	Mailing Address 1288 W. FAIRBANKS AVE. WINTER PARK, FL 32789
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**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3705046

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
  
WOODS, JONATHAN D ESQ  
425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804

**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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBB, VALERIE Inc. 1288 W FAIRBANKS AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, ANGELIQUE Inc. 1288 W FAIRBANKS AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRASE, CHARMANE Inc. 1288 W FAIRBANKS AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, SANDY 1288 W FAIRBANKS AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCHRANE, HOWARD Inc. 1288 W FAIRBANKS AVENUE WINTER PARK, FL 32789
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 exemption stated in Section 119.07(3)(i), 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:** *Charmane Frase* *Charmane Frase* 4-20-04 407-647-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #