



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90022 031 ****50.00

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	
2. Principal Place of Business 525 S. Flagler Dr. Suite, Apt. #, etc. Suite 200 City & State West Palm Beach, FL Zip 33401		3. Mailing Address 525 S. Flagler Dr. Suite, Apt. #, etc. Suite 200 City & State West Palm Beach, FL Zip 33401	
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 525 S. Flagler Drive, Suite 200 City West Palm Beach FL Zip Code 33401	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECHAZARRETA, CLARISSA 1115 B ROAD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Clarissa Echazarreta, Mgr. April 30 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	