

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-09-2004 90295 034 ****50.00

DOCUMENT # L03000000375					
1. Entity Name LELY'S ROYAL, LLC					
Principal Place of Business 6110 NORTH OCEAN BOULEVARD, SUITE 39 OCEAN RIDGE FL 33435			Mailing Address 6110 NORTH OCEAN BOULEVARD, SUITE 39 OCEAN RIDGE FL 33435		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number EIN 11-3665698	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5.00 Additional Fee Required	
SIGNATURE		SIGNATURE		DATE 28 Feb., 2004	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KLEIN, SHARON A 6110 NORTH OCEAN BOULEVARD, SUITE 39 OCEAN RIDGE FL 33435	<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)(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:		SIGNATURE:		DATE 28 Feb. '04 (561) 833-8455	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	