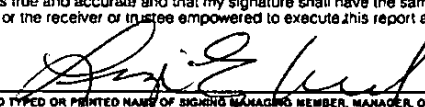


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90032 022 ****50.00

DOCUMENT # L03000028526					
1. Entity Name LILI PROPERTIES, LLC					
Principal Place of Business 419 WEST 49 ST. #106 HIALEAH, FL 33012			Mailing Address 419 WEST 49 ST. #106 HIALEAH, FL 33012		
2. Principal Place of Business 419 W. 49 ST. #105		3. Mailing Address 419 W. 49 ST. #105			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH, FL		City & State HIALEAH, FL		4. FEI Number 52-2412945	
Zip 33012		Country U.S. A.		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04132006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent HERNANDEZ, PEDRO F 419 WEST 49 ST. #106 HIALEAH, FL 33012			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, PEDRO F 419 WEST 49 ST. #106 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEDRO F. HERNANDEZ 419 W. 49 ST. #105 HIALEAH, FL 33012 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDEZ, LIZA E 419 WEST 49 ST. #106 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIZA E. MENDEZ 419 W. 49 ST. #105 HIALEAH, FL 33012 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOLLINEA, LIZETTE B 419 WEST 49 ST. #106 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIZETTE B. MOLLINEA 419 W. 49 ST. #105 HIALEAH, FL 33012 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			5/1/06 305-556-6627		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone		

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