

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038511

Entity Name: TILLY ELIZABETH, LLC

FILED  
Apr 27, 2005  
Secretary of State

**Current Principal Place of Business:**

3051 TECH DR.  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

3051 TECH DR.  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

FEI Number: 16-1689890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
660 E. JEFFERSON ST.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

DUPONT, THOMAS L  
3051 TECH DRIVE  
ST. PETERSBURG, FL 33716 US

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.

SIGNATURE: THOMAS L. DUPONT

04/27/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DUPONT, THOMAS L  
Address: 3051 TECH DRIVE  
City-St-Zip: ST. PETERSBURG, FL 33761

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DUPONT, THOMAS L  
Address: 3051 TECH DRIVE  
City-St-Zip: ST. PETERSBURG, FL 33761

Title: MGR ( ) Change (X) Addition  
Name: THIEL, JESSICA  
Address: 3051 TECH DRIVE  
City-St-Zip: ST, PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS L. DUPONT

MGRM

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date