2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011939 1. Entity Name LILLY PRODUCTS LLC						05 JAN 26 PM 1:50	
Principal Place of Business 2309 TRIMBLE ROAD TALLAHASSEE, FL 32303			Mailing Address 2309 TRIMBLE ROAD TALLAHASSEE, FL 32303			TALLAHASSEE. FLORIDA	
2. Principal F	Place of Busin	ness	3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262005 Chg-LLC CR2E083 (10/03)	
City & State			City & State			4. FEI Number Applied For Not Applicable	
Zip		Country	Zip	Coun		5. Certificate of Status Desired Status Desired Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name		
LILLY, JERRY R 2309 TRIMBLE ROAD TALLAHASSEE, FL 32303					Street Address	ss (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							
Filing Fee is \$50.00 Due by May 1, 2005 NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State							
9. TITLE	MGRM	MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS/CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP	LILLY, JE 2309 TRII	RRY R MBLE ROAD ISSEE, FL 32303	NA D STI		- 1	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Delete	Delete THILE NAME STREET CITY-S		500045595201999	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			_	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1		. Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		li i	☐ Change ☐ Addirion	
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: Daytima Phone #							