

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021162

**FILED**  
**Feb 12, 2007**  
**Secretary of State**

**Entity Name:** WILLOWBY, LLC

**Current Principal Place of Business:**

890 LILAC DRIVE  
BOCA RATON, FL 33431

**New Principal Place of Business:**

890 LILAC DRIVE  
BOCA RATON, FL 33487

**Current Mailing Address:**

890 LILAC DRIVE  
BOCA RATON, FL 33431

**New Mailing Address:**

890 LILAC DRIVE  
BOCA RATON, FL 33487

**FEI Number:** 20-0949685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SICILIANO, THOMAS V  
980 NORTH FEDERAL HIGHWAY  
SUITE 440  
BOCA RATON, FL 33432 US

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

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMITH, PHILLIP C  
Address: 890 NE 79TH ST  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: SMITH, PHYLLIS  
Address: 890 NE 79TH ST  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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:** PHILLIP C. SMITH

MGR

02/12/2007

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