


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90079 035 ****50.00

DOCUMENT # L04000056095	
1. Entity Name LILLIWAG ENTERPRISES LLC	

Principal Place of Business P.O. BOX 50431 JACKSONVILLE BEACH FL 32240	Mailing Address P.O. BOX 50431 JACKSONVILLE BEACH FL 32240
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2. Principal Place of Business 1331 N. First St	3. Mailing Address same as above
Suite, Apt. #, etc. Unit 301	Suite, Apt. #, etc.
City & State Jacksonville Beach FL	City & State FL
Zip 32250	Country US

2nd MOORE CR2E083 (5/05)

4. FEI Number 13-1713279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHEWS, DONNA 1331 N. FIRST STREET UNIT 301 JACKSONVILLE BEACH FL 32250	
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 *Donna* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROUGHTON, PATRICIA P.O. BOX 50431 JACKSONVILLE BEACH FL 32240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATHEWS, DONNA 1331 N. FIRST STREET UNIT 301 JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: *Donna M Mathews* *7/29/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #