

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065713

FILED
Apr 15, 2005
Secretary of State

Entity Name: GUILDED LILY, L.L.C.

Current Principal Place of Business:

5746 CENTERVILLE ROAD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

5746 CENTERVILLE ROAD
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARDMAN, PATRICIA K
5746 CENTERVILLE ROAD
TALLAHASSEE, FL 32309 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/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: JOHNSON, PATRICIA L MGR
Address: 128 BOARDWALK AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGR () Change (X) Addition
Name: HARDWICK, BETTY MGR
Address: 167 HOBCEW DR.
City-St-Zip: MT. PLEASANT, SC 29464

Title: MGR () Change (X) Addition
Name: RENNICK, ROBYN
Address: 5746 CENTERVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32309

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: PATRICIA L JOHNSON

MGR

04/15/2005

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