

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067978

Entity Name: LILY, LLC

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

7901 LAKE WAUNATTA DRIVE
WINTER PARK, FL 32789

New Principal Place of Business:

7901 LAKE WAUNATTA DRIVE
WINTER PARK, FL 32792

Current Mailing Address:

7901 LAKE WAUNATTA DRIVE
WINTER PARK, FL 32789

New Mailing Address:

7901 LAKE WAUNATTA DRIVE
WINTER PARK, FL 32792

FEI Number: 20-1945063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND, FL 32751 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: MGRM () Delete
Name: SMITH, DEBORAH J
Address: 7901 LAKE WAUNATTA DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: MACIEL, SUSAN A
Address: 7901 LAKE WAUNATTA DRIVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, DEBORAH J
Address: 7901 LAKE WAUNATTA DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM (X) Change () Addition
Name: MACIEL, SUSAN A
Address: 7901 LAKE WAUNATTA DRIVE
City-St-Zip: WINTER PARK, FL 32792

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: SUSAN MACIEL

MGRM

04/05/2005

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