2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **ANNUAL REPORT** Jan 09, 2007 08:00 AN DOCUMENT # L05000097601 1. Entity Name **Secretary of State** LILYBELLE, L.L.C. Principal Place of Business Mailing Address **1826 IRVING STREET 1826 IRVING STREET** SARASOTA, FL 34236 SARASOTA, FL 34236 01032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent MCGINNESS, W. LEE DO NOT WRITE 1800 SECOND STREET, SUITE 971 SARASOTA, FL 34236 IN THIS SPACE 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. Signature, typed or printed name of registered agent and tipe if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9, MANAGING MEMBERS/MANAGERS MGR साह NAME CHAPELL, HEATHER STREET ADDRESS 1826 IRVING STREET CITY-ST-ZIP SARASOTA, FL 34236 U00000580301 01/10/07-80040-024 50.00 ME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZIP AIRT NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Leather Chapell Heather Chapell 1/3/07 941-373-04

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