## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L05000116376

## **FILED** Mar 10, 2006 8:00 am Secretary of State

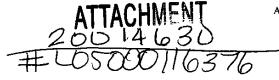
1. Entity Nam LILY'S N	ne AIL SPA, LLC		03-10-2006 90129 021 ****50.00						
Principal Place of Business 14523 DOVER FOREST DRIVE ORLANDO, FŁ 32828		Mailing Address 14523 DOVER FOREST DRIVE ORLANDO, FL 32828							
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012006	Chg-LLC	CR2E08	33 (11/05)	
City & State		City & State			<b>6</b> 56920	527			plied For t Applicable
Zip	Country	Zip	Coun	try		e of Status Desired		5.00 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
CHONG, STEPHEN C.L. 234 N WESTMONTE DRIVE, SUITE 3000 ALTAMONTE SPRINGS, FL 32714				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									
Filing Fee is \$50.00 Due by May 1, 2006							e check pa a Departme		
9.	MANAGING MEMBERS/MANAGERS 10.					ADDITIONS	CHANGES		
NAME STREET ADDRESS CITY+ST-ZIP	AU, HIEN V HA4523 DOVER FOREST DRIVE STE			1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAI STR							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E Et address - St - Zip				☐ Change	☐ Addition
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for that my signature shall have	the exe	mptions contained e legal effect as if	d in Chapter 119 made under oa	), Florida Statutes. I fu th; that I am a manag	urther certify ging member	that the info	rmation r of the

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Hien V. Dau /



Anthony M. Nardella, Jr.
Stephen C. L. Chong
(Board Certified Real Estate Lawyer)
C. Gene Shipley
Thomas M. Schneider
Of Counsel;
Byron D. Gay



234 N. Westmonte Dr., Suite 3000 Altamonte Springs, FL 32714-3373 Telephone: 407-786-2700 Fax: 407-786-2705 www.NardellaChong.com

March 7, 2006

## CERTIFIED MAIL #7005 1820 0005 1539 0716 RETURN RECEIPT REQUESTED

Department of State Division of Corporations Corporate Filings P.O. Box 6478 Tallahassee, FL 32314

Re: Lily's Nail Spa, LLC - Document No. L05000116376

Dear Sir or Madam:

Enclosed please find a check in the amount of \$50.00 for filing the enclosed Annual Report for the above-referenced entity. If you have any questions, please do not hesitate to contact us.

Sincerely,

Stephen/C. L. Chong

SCLC/pp Enclosure

cc: Mr. Hien V. Dau