


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90016 028 \*\*\*\*50.00

<b>DOCUMENT # L06000000655</b>	
1. Entity Name 14726 LILLIAN CIRCLE, LLC	

Principal Place of Business 6657 PAUL MAR DRIVE LAKE WORTH, FL 33462	Mailing Address 6657 PAUL MAR DRIVE LAKE WORTH, FL 33462
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60055966



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 11924 W. Forest Hill Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 22, # 174
City & State	City & State Wellington FL
Zip	Country USA
	Zip 33414

09112007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TARNO, ROGER 6657 PAUL MAR DRIVE LAKE WORTH, FL 33462		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number 20-4063813	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TARNO, MIRIAM 6657 PAUL MAR DRIVE LAKE WORTH, FL 33462 <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 TARNO, ROGER 6657 PAUL MAR DRIVE LAKE WORTH, FL 33462 <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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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

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.

*Roger Tarno Miriam Tarno 9/11/07*