


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-14-2007 90365 003 ****50.00

DOCUMENT # L06000022016
 1. Entity Name
 RAIN LILY LLC



Principal Place of Business Mailing Address
 P.O. BOX 030248 P.O. BOX 030248
 FT. LAUDERDALE FL 33303 FT. LAUDERDALE FL 33303

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1001 E. Las Olas Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 200

City & State City & State
 Fort Lauderdale Florida

Zip Country Zip Country
 33301 Country



1st MOORE CR2E083 (10/06)

4. FEI Number Applied For
 20-5117894 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 TUTHILL, SARAH MCTIGUE
 1001 E. LAS OLAS BLVD., STE. 200
 FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name
 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M. R. Mctigue & Co. P.O. Box 030248 Fort Lauderdale, FL 33303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M. R. Mctigue & Co. P.O. Box 030248 Fort Lauderdale, FL 33303 <input type="checkbox"/> Change <input checked="" 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
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
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
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 Section 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.

SIGNATURE: *M.R. Mctigue* President
 M.R. Mctigue & Co. Manager
 Date: 2/6/07 Daytime Phone #: 9544635600