

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059974

Entity Name: LILLIAN PARK, LLC

FILED  
Jun 22, 2007  
Secretary of State

**Current Principal Place of Business:**

13700-2 SIX MILE CYPRESS  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

13700-2 SIX MILE CYPRESS  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 20-5020230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

R&A AGENTS, INC.  
2320 FIRST STREET STE 1000  
FORT MYERS, FL 33901      US

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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ROSE EAGLE DEVELOPME, NT  
Address: 13700-2 SIX MILE CYPRESS  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR      ( ) Delete  
Name: HME COMMERCIAL DEVEL, OPMENT, INC.  
Address: 2355 RADER DRIVE  
City-St-Zip: LAKD O LAKES, FL 34639

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: ROSE EAGLE DEVELOPME, NT, LLC  
Address: 13700-2 SIX MILE CYPRESS  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR      (X) Change ( ) Addition  
Name: HME COMMERCIAL DEVEL, OPMENT, INC.  
Address: 2355 RADER DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT R LUCAS

MGR

06/22/2007

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