2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059974

Entity Name: LILLIAN PARK, LLC

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2355 RADER DRIVE 5528 LAND O LAKES BLVD LAND O LAKES, FL 34639 LAND O LAKES, FL 34639

Current Mailing Address: New Mailing Address:

2355 RADER DRIVE 5528 LAND O LAKES BLVD LAND O LAKES, FL 34639 LAND O LAKES, FL 34639

FEI Number: 20-5020230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

R&A AGENTS, INC WINKLER, LYNN 2320 FIRST STREET STE 1000 5528 LAND O LAKES BLVD LAND O LAKES, FL 34639 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: LYNN WINKLER 02/23/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete ROSE EAGLE DEVELOPME, NT, LLC HME COMMERCIAL DEVEL, OPMENT, INC Name: Name:

Address: 6517 HIGHCROFT DR Address: PO BOX 1428 NAPLES, FL 34119

City-St-Zip: City-St-Zip: LAND O LAKES, FL 34639

Title: MGR (X) Delete Title: () Change () Addition

Name: HME COMMERCIAL DEVEL, OPMENT, INC. Name: Address: 2355 RADER DRIVE Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip:

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: BERNARD WINKLER 02/23/2009