


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000001943</b> 1. Entity Name LYLE STYLE EVENTS LLC	
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Principal Place of Business 16463 BRAEBURN RIDGE TRAIL DELRAY BEACH, FL 33446	Mailing Address 16463 BRAEBURN RIDGE TRAIL DELRAY BEACH, FL 33446
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**DO NOT WRITE IN THIS SPACE**



01072004No Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3552417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SMITH, PHILIP LYLE 16463 BRAEBURN RIDGE TRAIL DELRAY BEACH, FL 33446	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000094235  
03/22/04-80051-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, PHILIP LYLE 16463 BRAEBURN RIDGE TRAIL DELRAY BEACH, FL 33446
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **03-18-04 561 445-2282**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #