

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000005370

1. Entity Name
LILLY ROUSSEAU, INC.



Principal Place of Business
88 E CYPRESS CREEK RD.
SUITE E
FT LAUDERDALE, FL 33309

Mailing Address
88 E CYPRESS CREEK RD.
SUITE E
FT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #
C/O BESSEMER TRUST
Suite, Apt. #, etc.
222 ROYAL PALM WAY

3. Mailing Address
C/O BESSEMER TRUST
Suite, Apt. #, etc.
222 ROYAL PALM WAY

City & State
PALM BEACH FL
Zip 33480 Country

City & State
PALM BEACH, FL
Zip 33480 Country

08252008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2258653

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGE, LARRY
800 W CYPRESS CREEK RD - STE 470
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
DeARAUJO, MICHELE

Street Address (P.O. Box Number is Not Acceptable)
C/O BESSEMER TRUST

222 ROYAL PALM WAY

City PALM BEACH

FL

Zip Code 33480

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME LEGEL, LARRY
STREET ADDRESS 800 W CYPRESS CREEK RD - STE 470
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE D ☐ Delete
NAME ROUSSEAU, LILLIAN
STREET ADDRESS 710 SOUTH COUNTY RD
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000136106960
09/18/08--01049--014 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/08

Date

Daytime Phone #

FILED
2008 SEP 15 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9.16 24

