

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 22, 2004 08:00 AM  
Secretary of State

DOCUMENT # P98000056012



1. Entity Name  
LILY REALTY, INC.

Principal Place of Business  
16752 N. MIAMI AVE  
NORTH MIAMI BEACH, FL 33169

Mailing Address  
18999 BISCAYNE BLVD  
#205  
AVENTURA, FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-0845639 Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAO, LILY  
1663 N.E. MIAMI GARDEN DRIVE  
UNIT 240  
NORTH MIAMI BEACH, FL 33162

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

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  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  Delete  
NAME TAO, LILY  
STREET ADDRESS 1663 NE MIAMI GARDEN  
CITY - ST - ZIP NORTH MIAMI BEACH, FL 33162

TITLE  Change  Addition  
NAME U000000123624  
STREET ADDRESS 04/22/04-80012-012 150.00  
CITY - ST - ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
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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 exemption stated in Section 119.07(3)(f), 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 titles empowered.

SIGNATURE:

4/19/2004