## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 25, 2006 8:00 am Secretary of State

05-25-2006 90014 015 \*\*\*150.00

DOCUMENT # P99000078872  1. Entity Name LILMAN, INC.							0094312			
Principal Place of Business 2025 PORTER LAKE DRIVE SARASOTA, FL 34240			Mailing Address 2025 PORTER LAKE DRIVE SARASOTA, FL 34240			1 4003402				
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05122006	Chg-P	CR2E034	(11/05)	
City & State			City & State			4. FEI Numb 65-094				plied For Applicable
Zip	_	Country	Zîp	Zip Country		5. Certificate	of Status Desired		.75 Addi Required	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	legistored Ago	nt	
LAMBRECHT, WILLIAM G 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236					Siree' Address (P.O. Box Number is Not Acceptable)					
1					Civ		<u> </u>	<b>E</b> . 1	Žip Cod∈	
		y submits this statement (	or the purpose of cha	anging its registe	<u> </u>	ered agent, or bo	th, in the State of Fig	FL orlda, I am fam		
the obligations of registered agent.										
SIGNATURE Signesure, typed or printed name of registered agent and still if applicable. DATE										
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Financing \$ Trust Fund Contribution. [] A							In accordance v corporation did	with a. 607,19 not receive th	3(2)(b), l e prior n	F.S., the otice.
10.	P	ORFICERS AND		11	<del></del>	ADDITIONS	CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHWARTZ, MANNY 7511 BOTANICA PARKWAY  911				RE Uve Reet ad ires :   D'-st-z p			_	Change	Addillan
TITLE NAME STREET ADDRESS CITY-ST-ZP	VP SCHWAR 7511 BOT	RTZ, LILLIAM FANICA PARKWAY TA, FL 34238	□ D	NA ST	rle Une Reet ad Nes; Tr - St-2 p	· · · · · · · · · · · · · · · · · · ·			Change	Addilian
TITLE NAME STREET ADDRESS CITY-ST-ZIP			0	NV ST	TLE WAE RUET AD, RESS TY-ST-ZP				Change	noilibbA 🗋
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ 0	ST	TLE LWE TREET ADVIRES: TY-ST-Z P				Change	☐ Addition
TITLE MAMÉ STIREET ADDRESS CITY-ST-ZIP			0	N/ 51	TLE IME Trest all res: Ty-st-2 p	_			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP				N/ ST C;	TLE AME TREET ADI FESS TY-6T-2 P				Ghangs	∏ Addit]on
12. Thereby 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 eath; that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required try Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.										
SIGNATURE: AND STATES OF PRODUCT MANE OF ESCAPAGE OF DIFFECTOR DECO DISPOSED OF DIFFECTOR DIFFECTOR										