


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000857</b> 1. Entity Name LYONS UNITED, LTD.	
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Principal Place of Business 7777 GLADES ROAD SUITE 201 BOCA RATON, FL 33434	Mailing Address 7777 GLADES ROAD SUITE 201 BOCA RATON, FL 33434
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01162006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1010606	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  L & J SCHMIER MANAGEMENT AND INVESTMENT CO 7777 GLADES ROAD SUITE 201 BOCA RATON, FL 33434
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P00000052962
NAME	L & J UNITED, INC.
STREET ADDRESS	7777 GLADES ROAD SUITE 201
CITY - ST - ZIP	BOCA RATON, FL 33434
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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03/28/06 80054-011 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Melissa Crowe 3-1-06 (561) 483-2330

Date

Daytime Phone #