


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 50

DOCUMENT # A00000000857		
1. Entity Name LYONS UNITED, LTD.		

Principal Place of Business 6111 BROEKN SOUND PARKWAY NW, SUITE 350 BOCA RATON, FL 33487	Mailing Address 6111 BROEKN SOUND PARKWAY NW, SUITE 350 BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box # 6111 Broken Sound Parkway NW Suite, Apt. #, etc.	3. Mailing Address 6111 Broken Sound Parkway NW Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-1010606	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent L & J SCHMIER MANAGEMENT AND INVESTMENT CO 7777 GLADES ROAD SUITE 201 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000052962 L & J UNITED, INC. 7777 GLADES ROAD SUITE 201 BOCA RATON, FL 33434	STREET ADDRESS CITY-ST-ZIP	6111 Broken Sound Pkwy NW, Suite 350 Boca Raton, FL 33487
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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:** \_\_\_\_\_ **Melissa Crowe 4/25/08 (561)988-1982**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #