

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000441

1. Entity Name
LYONS TECH IV, LTD.



Principal Place of Business
1096 EAST NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH, FL 33442

Mailing Address
1096 EAST NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH, FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132005

Chg-LP

CR2E003 (10/03)

4. FEI Number
01-0662401

Applied For
Not Applicable

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

BUTTERS, MALCOLM
1096 EAST NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH, FL 33442

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

DATE

9. Capital Contributions
as Shown on record. \$2,026,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # L02000007129
NAME LYONS TECH IV, LLC
STREET ADDRESS 1096 EAST NEWPORT CENTER DRIVE, SUITE 100
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 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 689, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Malcolm Butters 4/08/05 954-570-8111

STAPLE CHECK HERE