


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State


DOCUMENT # L03000004874

1. Entity Name
 1 LYONS TECH PARKWAY, LLC



Principal Place of Business LYONS TECHNOLOGY PARK COCONUT CREEK, FL 33073 US	Mailing Address 13190 TELFAIR AVE SYLMAR, CA 91342 US
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0444598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: Registered Agent signature required when re-statating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZANGER, LEON MGRM 456 ARDSLEY RD SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZANGER, JONATHAN MGRM 12 E 86TH ST NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRINGER, CLAUDIA MGRM PO BOX 448 GWYNEDD, PA 19436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER, KURT MGRM 5410 NW 74TH PLACE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER, STELLA MGRM 1443 NE 55TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETROCELLI, PAT MGR 13190 TELFAIR AVE SYLMAR, CA 91342

U00000737783
 05/11/07-80041-011 50.00

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11. 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 managing member or manager of the limited liability company or the receiver or I am otherwise empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Pat Petrocelli* 04-23-07 **818-256-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #