

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 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



04142008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0444598	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

1000000908190
 05/06/08-80020-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZANGER, LEON MGRM
STREET ADDRESS	456 ARDSLEY RD
CITY- ST- ZIP	SCARSDALE, NY 10583

TITLE	MGRM
NAME	ZANGER, JONATHAN MGRM
STREET ADDRESS	12 E 86TH ST
CITY- ST- ZIP	NEW YORK, NY 10028

TITLE	MGRM
NAME	SPRINGER, CLAUDIA MGRM
STREET ADDRESS	PO BOX 448
CITY- ST- ZIP	GWYNEDD, PA 19436

TITLE	MGRM
NAME	OLIVER, KURT MGRM
STREET ADDRESS	5410 NW 74TH PLACE
CITY- ST- ZIP	COCONUT CREEK, FL 33073

TITLE	MGRM
NAME	OLIVER, STELLA MGRM
STREET ADDRESS	1443 NE 55TH ST
CITY- ST- ZIP	FT LAUDERDALE, FL

TITLE	MGR
NAME	PETROCELLI, PAT MGR
STREET ADDRESS	13190 TELFAIR AVE
CITY- ST- ZIP	SYLMAR, CA 91342

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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-16-8 8/8. 256.1591
 Date Daytime Phone #