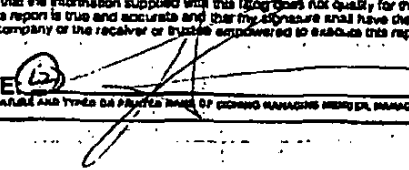


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90374 031 ****55.00

DOCUMENT # L03000004874			
1. Entity Name 1 LYONS TECH PARKWAY, LLC			
Principal Place of Business 4100 NORTH 29 TERRACE HOLLYWOOD, FL 33020		Mailing Address 4100 NORTH 29 TERRACE HOLLYWOOD, FL 33020	
2. Principal Place of Business LYONS TECHNOLOGY PARK Suite, Apt. #, etc.		3. Mailing Address 13190 TELFAIR AVENUE Suite, Apt. #, etc.	
City & State COCONUT CREEK FLA		City & State SULMAR CA	
Zip 33073		Zip 91342	
Country		Country	
4. FEI Number 51-0444598		Applied For Not Applicable	
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		7. Name and Address of New Registered Agent	
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 _____ DATE 3/25/05			
Filing Fee is \$50.00 Due by September 8, 2005.			
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEON ZANGER-Partner ☐ Debit 456 ARDSLEY ROAD SCARSDALE NY 10538	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONATHAN ZANGER-Partner ☐ Debit 122 86th ST New York NY 10025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Claudia Springer-Partner ☐ Debit PO Box 448 Gwynedd PA 19436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KURT KELLI OLIVER-Partner ☐ Debit 5410 NW 74th Place COCONUT CREEK FLA 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Stalla Oliver-Partner ☐ Debit 1443 NE 55th St FT LAUDERDALE FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Debit	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 112.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the 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 606, Florida Statutes.			
SIGNATURE 		3/25/05 818-252-4091	
SIGNATURE AND TITLE OF PERSON MAKING REPORT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			