


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

| | |
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| DOCUMENT # L01000022821 1. Entity Name LYONS, LLC |  |
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| Principal Place of Business C/O LYONS AND SMITH, P.A. 1230 NW 7TH ST. MIAMI, FL 33125 | Mailing Address C/O LYONS AND SMITH, P.A. 1230 NW 7TH ST. MIAMI, FL 33125 |
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01162008No Chg-LLC

CR2E083 (12/07)

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|---|---------------------------------------|
| 4. FEI Number 01-0572881 | 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

LYONS, RICHARD W ESQ.
C/O LYONS AND SMITH, P.A.
1230 NW 7TH ST.
MIAMI, FL 33125

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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

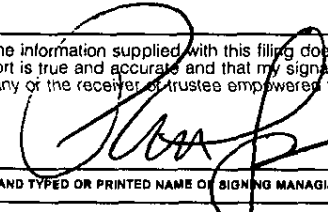
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000791437
01/23/08-80076-010 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LYONS, RICHARD W 1230 NW 7TH ST. MIAMI, FL 33125 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LYONS, PATRICIA L 1230 NW 7TH ST. MIAMI, FL 33125 |
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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:  **PATRICIA L LYONS** **1-17-08** **305 324 1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #