

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000004874

**Entity Name:** 1 LYONS TECH PARKWAY, LLC**Current Principal Place of Business:**LYONS TECHNOLOGY PARK  
6850 LYONS TECHNOLOGY CIRCLE  
COCONUT CREEK, FL 33073**Current Mailing Address:**16719 SCHOENBORN STREET  
NORTH HILLS, CA 91343 US**FEI Number:** 51-0444598**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ZANGER, LEON MGRM  
Address 456 ARDSLEY RD  
City-State-Zip: SCARSDALE NY 10583

Title MGRM  
Name ZANGER, JONATHAN MGRM  
Address 12 E 86TH ST  
City-State-Zip: NEW YORK NY 10028

Title MGRM  
Name SPRINGER, CLAUDIA MGRM  
Address PO BOX 448  
City-State-Zip: GWYNEDD PA 19436

Title MGRM  
Name OLIVER, KURT MGRM  
Address 5410 NW 74TH PLACE  
City-State-Zip: COCONUT CREEK FL 33073

Title MGRM  
Name OLIVER, STELLA MGRM  
Address 1443 NE 55TH ST  
City-State-Zip: FT LAUDERDALE FL

Title VP, COO  
Name PETROCELLI, PAT  
Address 16719 SCHOENBORN STREET  
City-State-Zip: NORTH HILLS CA 91343

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAT PETROCELLI**CONTROLLER****04/07/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date