

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A00000000470</b>	
1. Entity Name LYONS LAND HOLDINGS LTD.	
Principal Place of Business 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442	Mailing Address 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442



**FILED**  
**06 MAY -1 PM 12:35**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

2. Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. #100 City & State COCONUT CREEK, FL. Zip 33073 Country USA	3. Mailing Address 6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. #100 City & State COCONUT CREEK, FL. Zip 33073 Country USA
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03072006	Chg-LP	CR2E003 (11/05)
4. FEI Number 65-1010985	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6820 LYONS TECHNOLOGY CIRCLE #100 City COCONUT CREEK FL Zip Code 33073
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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 M. BUTTERS DATE 04/28/06

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000026015	STREET ADDRESS	6820 LYONS TECHNOLOGY CIRCLE, #100
NAME	LYONS LAND HOLDINGS, INC.	CITY-ST-ZIP	COCONUT CREEK, FL. 33073
STREET ADDRESS	1096 EAST NEWPORT CENTER DRIVE, SUITE 100		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

**900075017469**  
**05/22/06--01020--003 \*\*\$00.00**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: M. BUTTERS DATE 04/28/06 DAYTIME PHONE # 954-570-8111

STAPLE CHECK HERE