2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000001107

1. Entity Name
LYONS CORPORATE PARK, LLLP

Principal Place of Business	Mailing Address
4100 NORTH POWERLINE ROAD, SUITE B-2 POMPANO BEACH, FL 33073	4100 NORTH POWERLINE ROAD, SUITE B-2 POMPANO BEACH, FL 33073

DO NOT WRITE IN THIS SPACE

01162006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0403329
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LASSER, LEE S
4100 NORTH POWERLINE ROAD, SUITE B-2
POMPANO BEACH, FL 33073

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.

000004777792
04/07/06-80003-010 500.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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

DOCUMENT #	
NAME	LASSER, LEE S TRUSTEE
STREET ADDRESS	4100 NORTH POWERLINE ROAD, SUITE B-2
CITY-ST-ZIP	POMPANO BEACH, FL 33073
DOCUMENT #	829927
NAME	FERRERA, MICHELE TRUSTEE
STREET ADDRESS	6601 LYONS ROAD, C-1
CITY-ST-ZIP	COCONUT CREEK, FL 33073
DOCUMENT #	829927
NAME	FERRERA, MICHAEL J TRUSTEE
STREET ADDRESS	6601 LYONS ROAD, C-1
CITY-ST-ZIP	COCONUT CREEK, FL 33073
DOCUMENT #	829927
NAME	FERRERA, AUGUSTINE TRUSTEE
STREET ADDRESS	6601 LYONS ROAD, C-1
CITY-ST-ZIP	COCONUT CREEK, FL 33073
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #