2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

FILED Apr 16, 2007 08:00 AM Secretary of State DOCUMENT # A0000001107 LYONS CORPORATE PARK, LLLP Principal Place of Business Mailing Address 4100 NORTH POWERLINE ROAD, SUITE B-2 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 2. Principal Place of Businoss - No P.O. Box # 3. Mailing Address Suite, Apt. #, olc. Suite, Apt. #, otc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied Fol 65-0403329 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LASSER, LEE S Street Address (P.O. Box Number is Not Acceptable) 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPANO BEACH FL 33073 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, typed or primed name of registered agent and title if applicable. FILE NOW!!! Fee is \$500, *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS NAME LASSER, LEE S TRUSTEE STREET ADDRESS 4100 NORTH POWERLINE ROAD, SUITE B-2 CHY-ST-7IP CITY-SI-ZIP POMPANO BEACH FL 33073 DOCUMENT# 829927 STREET ADDRESS FERRERA, MICHELE TRUSTEE STREET ADDRESS 6601 LYONS ROAD, C-1 CITY-ST-ZIP CHY+SI-7IP COCONUT CREEK FL 33073 DOCUMENT # STREET ADDRESS NAME FERRERA, MICHAEL JI TRUSTEE STREET ADDRESS 6601 LYONS ROAD, C-1 CITY-ST-7IP CITY-ST-ZIP COCONUT CREEK FL 33073 DOCUMENT # 829927 STREET ADDRESS NAME FERRERA, AUGUSTINE TRUSTEE STREET ADDRESS 6601 LYONS ROAD, C-1 CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 DOCUMENT # STRLET ADDRESS U00000712831 STREET ADDRESS CITY-ST-ZIP 04/26/07-80063-013 500.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMI STREET ADDRESS CITY-ST-ZIP CUY-SI-7IP

STAPLE CHECK

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SIGNATURE: MANUSANT TO SIGNATURE AND TYPED OR PRINTED NAME

MANUS ANT HARMAN ANTHER STATES

14. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutos. 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

4/10/07

Daytime Phone #