## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0000001107

1. Entity Name
LYONS CORPORATE PARK, LLLP



Principal Place of Business 4100 NORTH POWERUNE ROAD. SUITE B-2 POMPANO BEACH FL 33073

2. Principal Place of Business

Mailing Address 4100 NORTH POWERLINE ROAD. SUITE B-2 POMPANO BEACH FL 33073

3. Mailing Address

FILED

TO MAR 24 AM 9: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Suite, Apt. #, etc.			,	Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
City & State				City & State			4. FEI Number	4. FEI Number 65-0403329 Applied Not App		
Zip	Country 2		Zip	Country		5. Certificate of Status Desired Search Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
LASSER, LEE S					ļ_	Name Street Address (P.O. Box Number is Not Acceptable)				
4100 NORTH POWERLINE ROAD, SUITE B-2										
POMPANO BEACH FL 33073										
·						City FL 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 ————————————————————————————————————									<del></del>	
9. Capital Contributions as Shown on record. \$2,010,000.00 In FLORIDA						tions		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
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.	3. ADDRESS CHANGES ONLY				
DOCUMENT / NAME LASSER, LEE S TRUSTEE					STREET	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	-ZIP POMPANO BEACH FL 33073					-ZIP				
DOCUMENT # NAME	829927 FERRERA, MICHELE TRUSTEE				STREET	ADDRESS	100014550041 03/24/0301046002 **526.25			
STREET ADDRESS CITY-ST-ZIP	6601 LYONS ROAD, C-1 COCONUT CREEK FL 33073			СПҮ		T-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
DOCUMENT # NAME	FERRERA, MICHAEL J TRUSTEE				STREET	ADDRESS		~		
STREET ADDRESS CITY-ST-ZIP					CITY-ST	ITY-ST-ZIP				
DOCUMENT # 829927 NAME FERRERA, AUGUSTINE TRUSTEE					STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP	6601 LYONS ROAD, C-1 COCONUT CREEK FL 33073				CITY-ST	-ST-ZIP				
DOCUMENT # NAME					STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY-ST	-ZIP				
DOCUMENT # NAME					STREET /	ADDRESS				
STREET ADDRESS CITY-ST-ZIP				,	CITY-ST	- ZIP				
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information										

14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:



3/3/33 Date

Daytime Phone #

CR2E003 (10/02)