

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000131

1. Entity Name
LAKESIDE @ LYONS, LTD.



Principal Place of Business
**6820 LYONS TECHNOLOGY CIRCLE, #100
COCONUT CREEK, FL 33073**

Mailing Address
**6820 LYONS TECHNOLOGY CIRCLE, #100
COCONUT CREEK, FL 33073**



04242008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0750639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTTERS, MALCOLM
6820 LYONS TECHNOLOGY CIRCLE, #100
COCONUT CREEK, 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.

SIGNATURE _____

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

000000930005
05/27/08-80096-020 500.00

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 # **L04000006330**
NAME **LAKESIDE @ LYONS CREEK GP, LLC**
STREET ADDRESS **6820 LYONS TECHNOLOGY CIRCLE, #100**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

DOCUMENT # **L04000006329**
NAME **LAKESIDE @ LYONS LLH GP, LLC**
STREET ADDRESS **6820 LYONS TECHNOLOGY CIRCLE, #100**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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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 #

STAPLE CHECK HERE