


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 2:37

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A04000000250			
1. Entity Name LYONS TECH VI, 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	
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	
		03072006 Chg-LP CR2E003 (11/05)	
		4. FEI Number 20-1121208	
		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	
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 <u>M. BUTTERS</u> DATE <u>04/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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 # NAME STREET ADDRESS CITY-ST-ZIP	L04000012472 LYONS TECH VI, LLC 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442	STREET ADDRESS CITY-ST-ZIP	6820 LYONS TECHNOLOGY CIRCLE, #100 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: <u>M. BUTTER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		DATE <u>04/28/06</u> DAYTIME PHONE # <u>954-570-8111</u>	

STAPLE CHECK HERE