


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000001092		
1. Entity Name LYONS LAND HOLDINGS ENTERPRISE, LTD.		

Principal Place of Business 6820 LYONS TECHNOLOGY CENTER, #100 COCONUT CREEK, FL 33073	Mailing Address 6820 LYONS TECHNOLOGY CENTER, #100 COCONUT CREEK, FL 33073
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04252007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2946597	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CENTER, #100 COCONUT CREEK, FL 33073	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	P05000077201	STREET ADDRESS	
NAME	LYONS LAND HOLDINGS ENTERPRISES GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	6820 LYONS TECHNOLOGY CENTER, #100		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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05/21/07-80024-013 500.00

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	4/30/07 Date	954-570-8111 Daytime Phone #
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STAPLE CHECK HERE