

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000001093

1. Entity Name
LYONS LAND HOLDINGS II, 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,
#100 Apt. #, etc.
Coconut Creek, FL 33073
City & State
3. Mailing Address 6820 Lyons Technology Circle,
#100 Apt. #, etc.
Coconut Creek, FL 33073
City & State

03072006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-2946540
Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$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
Coconut Creek, FL 33073
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 *M. BUTTERS*
Signature, typed or printed name of registered agent and title if applicable.

DATE 04/28/06

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

DOCUMENT # P05000077283
NAME LYONS LAND HOLDINGS II GP, INC.
STREET ADDRESS 1096 EAST NEWPORT CENTER DRIVE, SUITE 100
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

13. ADDRESS CHANGES ONLY

STREET ADDRESS 6820 Lyons Technology Circle,
CITY-ST-ZIP #100
Coconut Creek, FL 33073

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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: *M. BUTTERS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE 04/28/06 **Daytime Phone #** 954-570-8111

STAPLE CHECK HERE