


FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # A05000001123				May 01, 2006 08:00 Secretary of State	
1. Entity Name LYONS UNITED II, LTD.					
Principal Place of Business 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33434		Mailing Address 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33434			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01162006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent L & J SCHMIER MANAGEMENT AND INVESTMENT CO 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <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 #	M25996	STREET ADDRESS			
NAME	L & J SCHMIER MANAGEMENT AND INVESTMENT CO	CITY- ST- ZIP			
STREET ADDRESS	7777 GLADES ROAD, SUITE 201				
CITY- ST- ZIP	BOCA RATON, FL 33434				
DOCUMENT #		STREET ADDRESS	000000553814		
NAME		CITY- ST- ZIP	05/15/06-80067-015 500.00		
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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: <u>Melissa Crowe</u> 3-1-06 (561) 483-2330					