

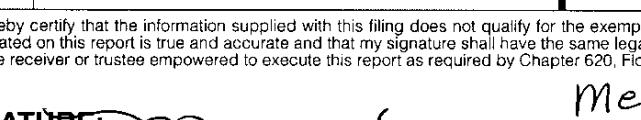
**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 APR -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
L & J SCHMIER MANAGEMENT AND INVESTMENT CO 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33434			
Name Street Address City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.			
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 NOTE: General Partners MAY NOT be changed on the form; an amendment			
12. GENERAL PARTNER INFORMATION			
DOCUMENT #	M25996	13.	
NAME	L & J SCHMIER MANAGEMENT AND INVESTMENT CO	STREET ADDRESS	
STREET ADDRESS	7777 GLADES ROAD, SUITE 201	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33434		
DOCUMENT #		STREET ADDRESS	
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NAME		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 the Florida Statutes. I further certify that the information supplied is true and accurate and that my signature shall have the same legal effect as if it were handwritten. I understand that this report is filed on behalf of the entity named above and that the entity 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			

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:

Melissa Crowe

3/19/07 (561) 483-2330
Date Daytime Phone #