


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 18 PM 12:53

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               |                                                                                                                                          |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>DOCUMENT # A06000000160</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |                                                         |                                                      |
| 1. Entity Name<br>LYRIC VILLAGE, LTD.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                                                                                          |                                                      |
| Principal Place of Business<br>2950 S.W. 27TH AVENUE, SUITE 200<br>MIAMI, FL 33133                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | Mailing Address<br>2950 S.W. 27TH AVENUE, SUITE 200<br>MIAMI, FL 33133                                                                   |                                                      |
| 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<br><br>MCDONOUGH, BRIAN J<br>2200 MUSEUM TOWER, 150 WEST FLAGLER STREET<br>MIAMI, FL 33130                                                                                                                                                                                                                                                                                                                                             |                                                                                               | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>FL Zip Code |                                                      |
| 8. The abcr the obli.<br>[ the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept                                                                                                                                                                                                                                                                                                                         |                                                                                               |                                                                                                                                          |                                                      |
| SIGNATURE _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                                                                                          |                                                      |
| FEE: \$500.00<br>will be \$900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                                                                                          |                                                      |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br>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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                | L06000010108<br>TCG LYRIC VILLAGE, LLC<br>2950 S.W. 27TH AVENUE, SUITE 200<br>MIAMI, FL 33133 | STREET ADDRESS<br>CITY - ST - ZIP                                                                                                        | 900106631949<br>07/24/07--01042--012 **508.75<br>BLT |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | STREET ADDRESS<br>CITY - ST - ZIP                                                                                                        |                                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | STREET ADDRESS<br>CITY - ST - ZIP                                                                                                        |                                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | STREET ADDRESS<br>CITY - ST - ZIP                                                                                                        |                                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | STREET ADDRESS<br>CITY - ST - ZIP                                                                                                        |                                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | Lloyd J. Boggio                                                                                                                          |                                                      |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               | Date Daytime Phone #                                                                                                                     |                                                      |

STAPLE CHECK HERE