


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000015**

1. Entity Name  
**LYRICH/ICOT INVESTORS, LTD.**



Principal Place of Business  
**117 EAST WASHINGTON STREET  
 LEWISBURG, WV 24901**

Mailing Address  
**C/O CIM PROPERTY SERVICES, INC.  
 P.O. BOX 870  
 ST. PETERSBURG, FL 33731-0870**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01072004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**55-0668180** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**5. Name and Address of Current Registered Agent**

**GOLDSTEIN, BRUCE S  
 500 EAST KENNEDY BLVD., SUITE 200-A  
 TAMPA, FL 33602**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$829,555.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	NAME	STREET ADDRESS	
	COHEN, HARVEY M		
STREET ADDRESS	P.O. BOX 1667	CITY - ST - ZIP	
	LEWISBURG, WV 24901		
DOCUMENT #	NAME	STREET ADDRESS	
	GORAN, MARILYN		
STREET ADDRESS	12 MILLBANK ROAD	CITY - ST - ZIP	
	POUGHKEEPSIE, NY 12603		
DOCUMENT #	NAME	STREET ADDRESS	
	COHEN, FREDERICK		
STREET ADDRESS	14 COURTYARD	CITY - ST - ZIP	
	HANOVER, NY 03755		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Adam N. Cohen** **4/7/04** **617 262 4409**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

