


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
May 01, 2006 08:00 A
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 CJM PROPERTY SERVICES, INC.
P.O. BOX 870
ST. PETERSBURG, FL 33731-0870**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-LP CR2E003 (11/05)

4. FEI Number 55-0668180	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GOLDSTEIN, BRUCE S
500 EAST KENNEDY BLVD., SUITE 200-A
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

**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 # NAME STREET ADDRESS CITY-ST-ZIP	COHEN, HARVEY M P.O. BOX 1667 LEWISBURG, WV 24901
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GORAN, MARILYN 12 MILLBANK ROAD POUGHKEEPSIE, NY 12603
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	COHEN, FREDERICK 14 COURTYARD HANOVER, NY 03755
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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05/17/06-80081-006 500.00

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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: Harvey M Cohen Date: 4/24/06 Daytime Phone #: 304 645 7356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HARVEY M COHEN