


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 25, 2007 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
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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



03312007 Chg-LP CR2E003 (12/06)

4. FEI Number 55-0668180	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLDSTEIN, BRUCE S 500 EAST KENNEDY BLVD., SUITE 200-A TAMPA, FL 33602		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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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 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	
NAME	COHEN, HARVEY M	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 1667		
CITY-ST-ZIP	LEWISBURG, WV 24901		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	GORAN, MARILYN	CITY-ST-ZIP	
STREET ADDRESS	12 MILLBANK ROAD		
CITY-ST-ZIP	POUGHKEEPSIE, NY 12603		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	COHEN, FREDERICK	CITY-ST-ZIP	
STREET ADDRESS	14 COURTYARD		
CITY-ST-ZIP	HANOVER, NY 03755		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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05/08/07-80092-003 500.00

STAPLE CHECK HERE

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: 	Date: 4-19-07	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		