

DOCUMENT #		A99000001343	
1. Entity Name			
LYONSWOOD ESTATES AT BOYNTON BEACH, LTD.			
Principal Place of Business		Mailing Address	
% MICHAEL MORTON 902 CLINT MOORE RD., SUITE 124 BOCA RATON FL 33487		% MICHAEL MORTON 902 CLINT MOORE RD., SUITE 124 BOCA RATON FL 33487-2846	
2. Principal Place of Business		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			
MORTON GROUP, INC. % MICHAEL MORTON 902 CLINT MOORE RD., SUITE 124 BOCA RATON FL 33487			Name
			Street Address (if different from above)
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.	
\$1,000.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED IN FLORIDA. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION		13.	
DOCUMENT #	P93000020897	STREET ADDRESS	
NAME	MORTON GROUP, INC.	CITY - ST - ZIP	
STREET ADDRESS	902 CLINT MOORE RD., SUITE 124		
CITY - ST - ZIP	BOCA RATON FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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 exemption stated in Section 607.01(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if made by the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: _____		SEE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number APPLIED FOR		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MORTON GROUP, INC. % MICHAEL MORTON 902 CLINT MOORE RD., SUITE 124 BOCA RATON FL 33487				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
DATE _____							
9. Capital Contributions as Shown on record.		\$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 #	P93000020897 MORTON GROUP, INC. 902 CLINT MOORE RD., SUITE 124 BOCA RATON FL 33487			STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS							
CITY - ST - ZIP							
DOCUMENT #				STREET ADDRESS	400003260394 2 -05/19/00-01122-009 ****141.25-****141.25		
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS							
CITY - ST - ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS							
CITY - ST - ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS							
CITY - ST - ZIP							
DOCUMENT #				STREET ADDRESS			
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 exemption stated in Section 119.07(3)(i), Florida Statutes; 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: _____				SIZE REQUIRED Date: 4/24/2000 Daytime Phone #: 561/941/3132			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							