## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000021183

Entity Name: LYONS HERITAGE LAND, L.L.C.

Current Principal Place	New Principal Place of Business:				
9240 MARKETPLACE ROAD SUITE 1		8771 COLLEGE PARKWAY			
FORT MYERS, FL 33912	FURT M	YERS, FL 339	319		
Current Mailing Address	New Mai	New Mailing Address:			
9240 MARKETPLACE ROAD SUITE 1 FORT MYERS, FL 33912		8771 COLLEGE PARKWAY 102 FORT MYERS, FL 33919			
FEI Number: 65-1157045	FEI Number Applied For ( )	FEI Number Not Ap	oplicable()	Certificate of Status Desired ()	
Name and Address of Cu	Name an	Name and Address of New Registered Agent:			
LYONS, BOBBY R 9240 MARKETPLACE ROAD SUITE 1 FORT MYERS, FL 33912 US		8771 CÓ 102	LYONS, BOBBY R 8771 COLLEGE PARKWAY 102 FORT MYERS, FL 33919 US		
		<b>.</b>			

FILED Apr 19, 2010 Secretary of State

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:		04/19/2010		
	Electronic Signature of Registered Agent	Date		
MANAGING M	IEMBERS/MANAGERS:			
Title: Name: Address: City-St-Zip:	P LYONS, BOBBY R 8771 COLLEGE PARKWAY 102 FORT MYERS, FL 33919			
Title: Name: Address: City-St-Zip:	VP HAMMOND, CHRIS 8771 COLLEGE PARKWAY 102 FORT MYERS, FL 33919			
Title: Name: Address: City-St-Zip:	VP LYONS, NORMA L 8771 COLLEGE PARKWAY 102 FORT MYERS, FL 33919			
Title: Name: Address: City-St-Zip:	VP ROSE, TIMOTHY W 8771 COLLEGE PARKWAY 102 FORT MYERS, FL 33919			
Title: Name: Address: City-St-Zip:	VP GARTON, LORI 8771 COLLEGE PARKWAY 102 FORT MYERS, FL 33919			

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

	Electronic Oliverture of Oliveriu y Managine Manak		
SIGNATURE:	CHRIS HAMMOND	VP	04/19/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date